

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
750 CURTNER AVENUE

City or town, state or province, country, and ZIP or foreign postal code
SAN JOSE, CA 95125-2118

F Name and address of principal officer: **SALLY PETERSEN
SAME AS C ABOVE**

D Employer identification number

94-2614101

E Telephone number
(408) 266-8866

G Gross receipts \$ **110,942,193.**

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (Insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.SHFB.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1979** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MISSION: PROVIDING FOOD FOR PEOPLE IN NEED IN OUR COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	215
	6 Total number of volunteers (estimate if necessary)	6	31527
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	101,951,427.	108,403,185.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	367,699.	576,387.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,341.	35,065.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	102,376,467.	109,014,637.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	78,789,777.	85,722,092.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	9,905,151.	10,680,803.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,562,910.	444,268.	650,961.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,385,831.	7,848,945.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	96,525,027.	104,902,801.
19 Revenue less expenses. Subtract line 18 from line 12	5,851,440.	4,111,836.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	57,195,410.	63,390,881.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,680,060.	3,889,123.
		53,515,350.	59,501,758.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	SALLY PETERSEN, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RANDY G. PETERSON, CPA	RANDY G. PETERSON, C	11/17/14		P01300203
	Firm's name ▶ BERGER LEWIS ACCOUNTANCY CORP.	Firm's EIN ▶ 94-2763139			
	Firm's address ▶ 55 ALMADEN BLVD., STE 600 SAN JOSE, CA 95113	Phone no. (408) 494-1200			

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

SECOND HARVEST FOOD BANK OF SANTA CLARA
AND SAN MATEO COUNTIES

Form 990 (2013)

94-2614101 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 ☒ No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the 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 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 \$ 66,669,707. Including grants of \$ 60,146,817.) (Revenue \$ 35,065.)
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 \$11.4 MILLION PROCURING, PACKAGING, AND TRANSPORTING FOOD TO SUPPLEMENT DONATED ITEMS, ENSURING NUTRITIOUS MEALS TO AN AVERAGE OF 246,217 PEOPLE EACH MONTH. OF THE 55.3 MILLION POUNDS OF FOOD DISTRIBUTED, 54% 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 770

4b (Code:) (Expenses \$ 28,902,411. Including grants of \$ 25,575,275.) (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.
- * PRODUCE MOBILE OPERATES LIKE A MOBILE FARMER'S MARKET, PROVIDING FRESH FRUITS AND VEGETABLES 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.

APPROXIMATELY 66,200 INDIVIDUALS ARE SERVED PER MONTH.

4c (Code:) (Expenses \$ 4,530,670. Including grants of \$) (Revenue \$)
SECOND HARVEST ALSO PROVIDES WEEKLY FOOD ASSISTANCE FOR LOW-INCOME FOOD BANK VOLUNTEER HOUSEHOLDS AND DELIVERS FOOD TO GEOGRAPHICALLY-ISOLATED COMMUNITIES AND THOSE WITH LIMITED SERVICES.

SECOND HARVEST SERVICES:

- * ADVOCACY SERVES AN IMPORTANT ROLE IN RAISING A VOICE FOR THE NEEDS OF THE FOOD BANK'S CLIENTS. THIS IS DONE BY EDUCATING POLICY MAKERS AND STAKEHOLDERS ABOUT THE IMPORTANCE OF PUBLIC-PRIVATE PARTNERSHIPS IN ADDRESSING HUNGER. SECOND HARVEST WORKS WITH A RANGE OF LOCAL, STATE AND NATIONAL ORGANIZATIONS TO HELP SHAPE STRUCTURAL CHANGES TO FOOD AND NUTRITION PROGRAMS THAT IMPACT ITS SERVICES AND THOSE OF ITS CLIENT

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

4e Total program service expenses 100,102,788.

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

Form 990 (2013)

94-2614101 Page **3**

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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?		

Form **990** (2013)

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

Form 990 (2013)

94-2614101 Page **4**

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	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>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, 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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

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

Form **990** (2013)

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

Form 990 (2013)

94-2614101 Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	37	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	215	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	N/A	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders	N/A	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form **990** (2013)

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

Form 990 (2013)

94-2614101 Page 6

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 or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	25		
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 Enter the number of voting members included in line 1a, above, who are independent	1b	24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a 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 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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

		Yes	No	
10a Did the organization have local chapters, branches, or affiliates?	10a		X	
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			
11a 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 Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X		
c 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		
13 Did the organization have a written whistleblower policy?	13	X		
14 Did the organization have a written document retention and destruction policy?	14	X		
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a	X		
b Other officers or key employees of the organization	15b	X		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X	
b If "Yes," 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, AL, AK, AR, CO, FL, GA, HI, IL, KS, KY, ME**

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 ☐ Other (explain in Schedule O)

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
AND SAN MATEO COUNTIES**

Form 990 (2013)

94-2614101 Page **7**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 (list any hours for related organizations below line)	(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) DAN COOPERMAN BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) DICK SVEC BOARD VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) LOREN MAHON BOARD SECRETARY	1.00	X		X				0.	0.	0.
(4) ANDREA BOSCOE BOARD MEMBER	1.00	X						0.	0.	0.
(5) CARL CILKER BOARD MEMBER	1.00	X						0.	0.	0.
(6) NORM TAFTE BOARD MEMBER	1.00	X						0.	0.	0.
(7) KEVIN FORD BOARD MEMBER	1.00	X						0.	0.	0.
(8) JOE HAWAYEK BOARD MEMBER	1.00	X						0.	0.	0.
(9) MARY HUMISTON BOARD MEMBER	1.00	X						0.	0.	0.
(10) JOHN KELM BOARD MEMBER	1.00	X						0.	0.	0.
(11) JOHN MORIARTY BOARD MEMBER	1.00	X						0.	0.	0.
(12) DEB NELSON BOARD MEMBER	1.00	X						0.	0.	0.
(13) JOHN O'FARRELL BOARD MEMBER	1.00	X						0.	0.	0.
(14) ARCHIE ROBOOSTOFF BOARD MEMBER	1.00	X						0.	0.	0.
(15) DREW STARBIRD BOARD MEMBER	1.00	X						0.	0.	0.
(16) VAN DANG BOARD MEMBER	1.00	X						0.	0.	0.
(17) DONNA MORRIS BOARD MEMBER	1.00	X						0.	0.	0.

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

Form 990 (2013)

94-2614101 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) DANA NAZARIAN BOARD MEMBER	1.00	X						0.	0.	0.
(19) MIKE REBHOLTZ BOARD MEMBER	1.00	X						0.	0.	0.
(20) MARIE BERNARD FROM 9/2013 BOARD MEMBER	1.00	X						0.	0.	0.
(21) BOB DAVIS FROM 6/2014 BOARD MEMBER	1.00	X						0.	0.	0.
(22) SUMIT SADANA FROM 2/2014 BOARD MEMBER	1.00	X						0.	0.	0.
(23) REBECCA JACOBY FROM 9/2013 BOARD MEMBER	1.00	X						0.	0.	0.
(24) SUZANNE LIU FROM 6/2014 BOARD MEMBER	1.00	X						0.	0.	0.
(25) KATHRYN G. JACKSON CEO	40.00	X		X				254,315.	0.	29,871.
(26) SALLY PETERSEN CFO	40.00			X				139,215.	0.	23,145.
1b Sub-total								393,530.	0.	53,016.
c Total from continuation sheets to Part VII, Section A								669,553.	0.	91,047.
d Total (add lines 1b and 1c)								1,063,083.	0.	144,063.

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 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	475,960.
RUSS REID, 14384 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	DIRECT MAIL AND DATABASE CONSULTING	181,906.

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 **2**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2013)

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

Form 990

94-2614101

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) CINDY MCCOWN VP PROGRAMS & SERVIC	40.00					X		149,176.	0.	26,733.
(28) LAWRENCE DISKIN VP HUMAN RESOURCES	40.00					X		130,254.	0.	7,752.
(29) MICHAEL ENOS CHIEF INFORMATION OFFICER	40.00					X		124,838.	0.	18,896.
(30) SOPHIA JUAREZ DIR. OF FINANCE	40.00					X		122,579.	0.	14,821.
(31) TAMI CARDENAS VP DEVELOPMENT & MARKETING	40.00					X		142,706.	0.	22,845.
Total to Part VII, Section A, line 1c								669,553.		91,047.

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

Form 990 (2013)

94-2614101 Page **9**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	161,410.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	9,797,077.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	98,444,698.				
	g Noncash contributions included in lines 1a-1f: \$		75,508,913.				
	h Total. Add lines 1a-1f			108,403,185.			
Program Service Revenue	2 a _____ Business Code _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			523,030.			523,030.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			53,357.			53,357.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code			
11 a RECYCLING			900099	24,115.	24,115.		
b REFUNDS AND REIMBURSEMENTS			900099	10,950.	10,950.		
c _____							
d All other revenue							
e Total. Add lines 11a-11d				35,065.			
12 Total revenue. See instructions.				109,014,637.	35,065.	0.	576,387.

332009
10-29-13

Form **990** (2013)

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

Form 990 (2013)

94-2614101 Page **10**

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).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	54,149,392.	54,149,392.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	31,572,700.	31,572,700.		
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	465,925.	174,031.	277,146.	14,748.
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	7,506,069.	5,668,018.	800,982.	1,037,069.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	332,099.	250,423.	35,099.	46,577.
9 Other employee benefits	1,751,160.	1,296,376.	216,666.	238,118.
10 Payroll taxes	625,550.	467,258.	77,418.	80,874.
11 Fees for services (non-employees):				
a Management				
b Legal	1,285.		1,285.	
c Accounting	79,741.		79,741.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	650,961.			650,961.
f Investment management fees	133,914.		133,914.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	818,718.	746,017.	8,231.	64,470.
12 Advertising and promotion	509,844.	509,844.		
13 Office expenses	1,164,166.	747,532.	292,182.	124,452.
14 Information technology	249,678.	182,812.	33,425.	33,441.
15 Royalties				
16 Occupancy	902,885.	714,623.	94,099.	94,163.
17 Travel	38,108.	28,664.	1,623.	7,821.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	66,433.	45,949.	9,914.	10,570.
20 Interest	26,080.	26,080.		
21 Payments to affiliates	18,044.	18,044.		
22 Depreciation, depletion, and amortization	1,677,758.	1,382,268.	147,434.	148,056.
23 Insurance	174,788.	143,250.	26,858.	4,680.
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 FREIGHT AND STORAGE	908,985.	908,985.		
b FLEET COSTS	568,814.	568,667.	147.	
c WAREHOUSE SUPPLY	450,483.	450,417.	34.	32.
d VOLUNTEER EXPENSES	33,423.	33,423.		
e All other expenses	25,798.	18,015.	905.	6,878.
25 Total functional expenses. Add lines 1 through 24e	104,902,801.	100,102,788.	2,237,103.	2,562,910.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

Form 990 (2013)

94-2614101 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	3,911,186.	1	12,039,447.	
	2 Savings and temporary cash investments	4,341,369.	2	481,823.	
	3 Pledges and grants receivable, net	5,027,262.	3	2,714,359.	
	4 Accounts receivable, net	29,986.	4	8,926.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other 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 instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	3,594,441.	8	2,343,516.	
	9 Prepaid expenses and deferred charges	693,363.	9	714,048.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	35,233,042.			
	b Less: accumulated depreciation	11,846,728.			
	11 Investments - publicly traded securities	23,081,574.	10c	23,386,314.	
	12 Investments - other securities. See Part IV, line 11	16,183,943.	11	21,637,845.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	332,286.	14	64,603.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	57,195,410.	15	63,390,881.		
Liabilities	17 Accounts payable and accrued expenses	1,714,884.	16	2,897,867.	
	18 Grants payable		17		
	19 Deferred revenue		18		
	20 Tax-exempt bond liabilities		19		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
	23 Secured mortgages and notes payable to unrelated third parties	1,965,176.	22	991,256.	
	24 Unsecured notes and loans payable to unrelated third parties		23		
	25 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		24		
	26 Total liabilities. Add lines 17 through 25	3,680,060.	25	3,889,123.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	48,505,366.	26	54,614,506.	
	28 Temporarily restricted net assets	5,009,984.	27	4,887,252.	
	29 Permanently restricted net assets		28		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		29		
	31 Paid-in or capital surplus, or land, building, or equipment fund		30		
	32 Retained earnings, endowment, accumulated income, or other funds		31		
	33 Total net assets or fund balances	53,515,350.	32	59,501,758.	
	34 Total liabilities and net assets/fund balances	57,195,410.	33	63,390,881.	

Form **990** (2013)

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

Form 990 (2013)

94-2614101 Page **12**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	109,014,637.
2	Total expenses (must equal Part IX, column (A), line 25)	2	104,902,801.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,111,836.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53,515,350.
5	Net unrealized gains (losses) on investments	5	1,874,572.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	59,501,758.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2013)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 ▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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, 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 - Non-functionally integrated

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?

(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).

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013

SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule A (Form 990 or 990-EZ) 2013 AND SAN MATEO COUNTIES

94-2614101 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70927430.	78680090.	92091876.	101951427	108403185	452054008
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	70927430.	78680090.	92091876.	101951427	108403185	452054008
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						452054008

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	70927430.	78680090.	92091876.	101951427	108403185	452054008
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	357,559.	359,686.	385,018.	378,227.	523,030.	2003520.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	24,082.	33,547.	50,312.	57,341.	35,065.	200,347.
11 Total support. Add lines 7 through 10						454257875
12 Gross receipts from related activities, etc. (see instructions)					12	80,167.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.51 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.52 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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

SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule A (Form 990 or 990-EZ) 2013 AND SAN MATEO COUNTIES

94-2614101 Page 4

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2009 AMOUNT: \$ 24,082.

2010 AMOUNT: \$ 33,547.

2011 AMOUNT: \$ 50,312.

2012 AMOUNT: \$ 57,341.

2013 AMOUNT: \$ 35,065.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Name of the organization

SECOND HARVEST FOOD BANK OF SANTA CLARA
AND SAN MATEO COUNTIES

Employer identification number

94-2614101

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

Employer identification number

94-2614101

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 45,047,806.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 7,983,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,720,531.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

94-2614101

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	CASH \$305,100; NONCASH 26,013,201 POUNDS OF FOOD VALUED AT \$1.72/POUND PER FEEDING AMERICA VALUATION	\$ 44,742,706.	06/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	CASH \$220,515; NONCASH 4,513,601 POUNDS OF FOOD VALUED AT \$1.72/POUND PER FEEDING AMERICA VALUATION	\$ 7,763,394.	06/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	NONCASH 1,581,704 POUNDS OF FOOD VALUED AT \$1.72/POUND PER FEEDING AMERICA VALUATION	\$ 2,720,531.	06/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

SECOND HARVEST FOOD BANK OF SANTA CLARA
AND SAN MATEO COUNTIES

Employer identification number

94-2614101

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

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

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) 2013

LHA

332041
11-08-13

SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule C (Form 990 or 990-EZ) 2013 **AND SAN MATEO COUNTIES**

94-2614101 Page 2

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

- A** Check ☐ If the filing organization belongs to an affiliated group (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												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)	9,378.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	7,858.													
c Total lobbying expenditures (add lines 1a and 1b)	17,236.													
d Other exempt purpose expenditures	100085552.													
e Total exempt purpose expenditures (add lines 1c and 1d)	100102788.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:35%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
c Total lobbying expenditures		19,884.	15,778.	17,236.	52,898.
d Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
f Grassroots lobbying expenditures		14,280.	11,110.	9,378.	34,768.

Schedule C (Form 990 or 990-EZ) 2013

SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule C (Form 990 or 990-EZ) 2013 **AND SAN MATEO COUNTIES**

94-2614101 Page 3

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

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCH. C, PART II-A

EXPLANATION: ACTIVITIES THE ORGANIZATIONS PARTICIPATED IN, RELATING TO THE EXPENSES IN PART II-A DURING THE 2013/2014 FY INCLUDE:

- WORKING WITH ALL CONGRESSIONAL REPRESENTATIVES - PROVIDED INFORMATION ON LOCAL HUNGER AND IMPACTS OF THE FEDERAL LEGISLATION IMPACTING NUTRITION PROGRAMS.

SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule C (Form 990 or 990-EZ) 2013 AND SAN MATEO COUNTIES

94-2614101 Page 4

Part IV Supplemental Information (continued)

- CO-HOSTED THE HUNGER ACTION SUMMIT WITH SANTA CLARA UNIVERSITY. MOST OF THE PROGRAM WAS INFORMATIONAL AND SOME MINOR ELEMENTS ON ADVOCACY.
- CALIFORNIA ASSOCIATION OF FOOD BANK'S PUBLIC POLICY COMMITTEE - MONTHLY CONFERENCE CALLS.
- INTERFACING WITH ELECTED OFFICIALS RELATIVE TO MAKING ARRANGEMENTS FOR VISITS TO FOOD DISTRIBUTION SITES, ASKED FOR THEIR SUPPORT WITH SIGN ON LETTERS.
- FORWARDED TAKE ACTION ALERTS FROM FEEDING AMERICA, CALIFORNIA FOOD POLICY ADVOCATES AND CALIFORNIA ASSOCIATION OF FOOD BANKS TO AGENCY PARTNERS AND BOARD MEMBERS FOR CONSIDERATION.
- SENT LETTERS TO GOVERNOR BROWN TO SIGN LEGISLATION
- WORKED WITH AGENCY PARTNERS TO SEND READER LETTER TO THE SAN JOSE MERCURY NEWS IN RESPONSE TO OP-ED AND EDITORIALS
- ON-GOING REPRESENTATIVES AT VARIOUS GATHERINGS SUCH AS THE SANTA CLARA COUNTY SAFETY NET COMMITTEE MEETINGS THAT THE ORGANIZATION CO-CHAIR WITH SANTA CLARA COUNTY SOCIAL SERVICES.
- COORDINATED WITH FEDERAL REPRESENTATIVES/STAFF FOLLOWING UP ON QUESTIONS RELATED TO FOOD AND HUNGER ISSUES.
- PRESENTATION ON HUNGER TO SANTA CLARA COUNTY CHILDREN, FAMILIES AND SENIORS COMMITTEE OF THE BOARD OF SUPERVISORS.

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

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

Employer identification number
94-2614101

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

9 In Part XIII, 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 XIII, 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

Schedule D (Form 990) 2013

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets <i>(continued)</i>
-----------------	---

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

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

Schedule D (Form 990) 2013

94-2614101 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2013

SECOND HARVEST FOOD BANK OF SANTA CLARA

AND SAN MATEO COUNTIES

Schedule D (Form 990) 2013

94-2614101 Page **4**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	110,929,987.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,874,572.
b	Donated services and use of facilities	2b	174,692.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,049,264.
3	Subtract line 2e from line 1	3	108,880,723.
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	133,914.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	133,914.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	109,014,637.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	104,943,579.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	174,692.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	174,692.
3	Subtract line 2e from line 1	3	104,768,887.
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	133,914.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	133,914.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	104,902,801.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

EXPLANATION: THE BOARD DESIGNATED ENDOWMENT IS A GENERAL ENDOWMENT MEANT TO SUPPORT THE MISSION OF THE FOOD BANK.

PART X, LINE 2:

EXPLANATION: 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) 2013

94-2614101 Page 5

Part XIII Supplemental Information (continued)

THE FOOD BANK'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2013, 2012
AND 2011 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, 2013, 2012, 2011 AND 2010 COULD BE SUBJECT TO
EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY FOR 4 YEARS AFTER THEY
ARE FILED.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public
Inspection

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

Employer identification number
94-2614101

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DATA MARKETING INC - PO BOX 519, SANTA CLARA, CA 95052	DIRECT MAIL & DATABASE CONSULTING		X	4,140,488.	441,497.	3,640,834.
RUSS REID CO. - 14384 COLLECTIONS CENTER DRIVE,	DIRECT MAIL & DATABASE CONSULTING		X	523,385.	209,464.	314,437.
Total				4,663,873.	650,961.	3,955,271.

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

CA, AL, AK, AR, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule G (Form 990 or 990-EZ) 2013 **AND SAN MATEO COUNTIES**

94-2614101 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 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))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

Schedule G (Form 990 or 990-EZ) 2013 **AND SAN MATEO COUNTIES**

94-2614101 Page 3

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

Name ► _____

Address ► _____

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

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES

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	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

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

[illegible]

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

Schedule I (Form 990) (2013)

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

94-2614101

Page 2

Schedule I (Form 990) (2013)

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	15978	0.	15,878,543.	ACTUAL PURCHASE COST AND FMV OF DONATED FOOD	FOOD
FAMILY HARVEST PROGRAM	21273	0.	9,458,787.	ACTUAL PURCHASE COST AND FMV OF DONATED FOOD	FOOD
PARTNER-IN-NEED PROGRAM	85	0.	8,747.	ACTUAL PURCHASE COST AND FMV OF DONATED FOOD	FOOD
PRODUCE MOBILE	24984	0.	4,139,755.	ACTUAL PURCHASE COST AND FMV OF DONATED FOOD	FOOD
MOBILE PANTRY	1662	0.	605,661.	ACTUAL PURCHASE COST AND FMV OF DONATED FOOD	FOOD

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: 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 III **Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)**

[illegible]

SECOND HARVEST FOOD BANK OF SANTA CLARA
AND SAN MATEO COUNTIES

Schedule I (Form 990)

94-2614101 Page 2

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

FORM 990, SCHEDULE I, PART II:

EXPLANATION: GRANTS TO PARTNERSHIP DISTRIBUTION AGENCIES:

SHFB HAS A FORMALIZED PROCESS TO FACILITATE THE EQUIPMENT PURCHASES FOR COMMUNITY BASED PARTNER DISTRIBUTION AGENCIES. ELIGIBLE AGENCIES MUST COMPLETE A FUNDING REQUEST FORM. ALL AGENCY REQUESTS FOR EQUIPMENT ARE THEN REVIEWED AND APPROVED BY A MANAGEMENT REVIEW GROUP USING DEFINED CRITERIA. SHFB'S COMPETITIVE BID PROCESS WILL BE USED FOR ALL NEW SINGLE PURCHASES OVER \$10,000 AND ALL MULTIPLE PURCHASES ACCUMULATED OVER THE COURSE OF ONE YEAR TOTALING OVER \$25,000. ALL AGENCIES RECEIVING SUCH EQUIPMENT ARE REQUIRED TO SIGN A CONTRACT AND COMPLIANCE IS MONITORED ON AN ONGOING BASIS. THE AGENCY RETENTION TIME REQUIREMENT FOR THE EQUIPMENT VARIES FROM 2-15 YEARS DEPENDING ON THE EQUIPMENT VALUE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

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

Employer identification number

94-2614101

Part I Questions Regarding Compensation

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

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

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

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

3 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, but explain in Part III.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Part I 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)-(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.

[illegible]

SECOND HARVEST FOOD BANK OF SANTA CLARA
AND SAN MATEO COUNTIES

Part II Supplemental Information

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:

EXPLANATION: 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

2013

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.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

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	26	39,326.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	134	748,715.	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		74,391,300.	FEEDING AMERICA VALU
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SMALL EQUIPME)	X	67	302,042.	FMV
26 Other ▶ (GIFT CERTIFIC)	X	96	27,530.	FACE VALUE
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) (2013)

SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule M (Form 990) (2013) AND SAN MATEO COUNTIES

94-2614101

Page 2

Part II

Supplemental Information. 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:

EXPLANATION: SECOND HARVEST FOOD BANK UTILIZES A FINANCIAL INSTITUTION
TO LIQUIDATE GIFTS OF STOCK.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

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

ASSISTANCE, NUTRITION AND POVERTY - RELIEF PROGRAMS.

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

DIFFERENT FOOD DISTRIBUTION SITES. IN ADDITION, LOCAL HOUSEHOLDS
SIGNED UP BY SECOND HARVEST FOR CALFRESH (FOOD STAMPS) BENEFITS WERE
ABLE TO OBTAIN APPROXIMATELY 6.5 MILLION ADDITIONAL POUNDS OF FOOD BY
VIRTUE OF THAT SUCCESSFUL OUTREACH EFFORT. THE INCREMENTAL FOOD
PROVIDED VIA SECOND HARVEST EFFORTS-BOTH THROUGH DIRECT DISTRIBUTION
AND CALFRESH OUTREACH - TOTALED OVER 61.8 MILLION POUNDS.

SECOND HARVEST'S HUNGER INDEX, DEVELOPED IN COLLABORATION WITH THE
LEAVEY SCHOOL OF BUSINESS AND THE FOOD AND AGRIBUSINESS INSTITUTE AT
SANTA CLARA UNIVERSITY, SHOWS THAT THE FOOD BANK, AND ITS PARTNER
NETWORK, ACCOUNTS FOR 19% OF THE FOOD ASSISTANCE PROVIDED IN SANTA
CLARA AND SAN MATEO COUNTIES. HOWEVER, THE HUNGER INDEX ALSO INDICATES
THERE IS A "MEAL GAP" OF MORE THAN 200 MILLION MISSING MEALS IN OUR
COMMUNITY - MEALS THAT SENIORS, CHILDREN AND FAMILIES NEED BUT ARE NOT
ABLE TO PROVIDE FROM ANY SOURCE. TO BRIDGE THE MEAL GAP AND
STRENGTHEN THE NUTRITIONAL SAFETY NET, SECOND HARVEST HAS BEGUN WORKING
DIFFERENTLY WITH ITS 333 PARTNER AGENCIES THAT ARE ON THE FRONT LINES
OF FIGHTING HUNGER EVERY DAY. AT TOWN HALL MEETINGS IN THE SPRING,
SECOND HARVEST LAUNCHED THE NEW COMMUNITY PARTNER STRATEGY. AGENCIES
WERE EVALUATED AND PLACED IN SPECIFIC CATEGORIES BASED ON THEIR
CAPACITY AND WILLINGNESS TO DISTRIBUTE MORE FOOD AND FEED MORE PEOPLE.

THOSE PARTNERS WILLING AND ABLE TO GROW WITH THE FOOD BANK WILL RECEIVE

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

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

Employer identification number
94-2614101

ADDITIONAL FOOD, SERVICES, INVESTMENT AND SUPPORT TO ASSIST THEM IN
DOING MORE.

ADDITIONALLY, SECOND HARVEST DIVIDED ITS SERVICE AREA INTO NINE ZONES
EACH WITH SPECIFIC NEEDS, DEMOGRAPHICS AND PARTNER ENGAGEMENT. SECOND
HARVEST HAD INITIALLY FOCUSED ON PREPARING SERVICES PLANS IN TWO
SPECIFIC AREAS: SOUTHERN SANTA CLARA COUNTY AND SOUTHERN SAN MATEO
COUNTY. THE RESULTING "DEEP DIVE" STRATEGIES WILL BE MODELS FOR HOW
THE FOOD BANK COLLABORATES AND EMPOWERS ITS PARTNERS, AND ULTIMATELY
INCREASES SERVICES FOR THE OTHER SEVEN ZONES.

DURING THE YEAR, SECOND HARVEST FINALIZED DATA COLLECTION FOR HUNGER IN
AMERICA 2014, AN EXTENSIVE NATIONAL STUDY OF HUNGER, WHICH HAS BEEN
CONDUCTED QUADRENNIALLY SINCE 1993 WITH FEEDING AMERICA. THE STUDY
INCLUDES MULTI-LINGUAL CLIENT SURVEYS USING TECHNOLOGY AND SURVEYS OF
LOCAL COMMUNITY-BASED ORGANIZATIONS TO CAPTURE DETAILED INFORMATION
ABOUT PEOPLE SEEKING FOOD ASSISTANCE, THEIR CIRCUMSTANCES AND THE
NONPROFITS PROVIDING SERVICES. RESULTS OF THE STUDY WERE PUBLISHED IN
AUGUST 2014 AND WILL BE USED TO IMPROVE FOOD-ASSISTANCE SERVICES FOR
HOUSEHOLDS FACING HUNGER.

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, 2014, 51,935 INDIVIDUALS, FOUNDATIONS, ORGANIZATIONS AND COMPANIES
DONATED 97,862 GIFTS. DURING THAT SAME FISCAL YEAR, VOLUNTEERS WORKED
316,176 HOURS ON SECOND HARVEST'S BEHALF, THE EQUIVALENT OF 152 FULL
TIME EMPLOYEES, MORE THAN THE FOOD BANK EMPLOYS. THIS SAVED SECOND
HARVEST AN ESTIMATED \$6.6 MILLION IN WAGES.

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

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES AND SIMILAR SAFETY-NET ORGANIZATIONS CONTINUE TO BE IMPACTED BY THE ECONOMIC DOWNTURN WITH ITS UNEVEN RECOVERY, WHICH HAS CONTINUED TO GENERATE HISTORICALLY HIGH DEMAND FOR SUPPORT SERVICES. THE AREA'S HIGH COST OF LIVING HAS LEFT MANY LOW AND MIDDLE CLASS HOUSEHOLDS STRUGGLING TO MAKE ENDS MEET. VULNERABLE POPULATIONS SUCH AS SENIORS AND CHILDREN HAVE SEEN ELIMINATION OF, OR SIGNIFICANT CUTS IN, TRADITIONAL GOVERNMENT-FUNDED PROGRAMS AND SERVICES. NEED FOR FOOD ASSISTANCE APPEARS TO BE SHIFTING FROM "CRISIS" TO "CHRONIC", WITH A GROWING NUMBER OF CLIENTS SEEKING HELP ON AN ON-GOING AND LESS EPISODIC BASIS. THIS HAS INCREASED COMMUNITY RELIANCE ON NONPROFIT SERVICE ORGANIZATIONS SUCH AS SECOND HARVEST AND ITS AGENCY PARTNERS.

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES' PROGRAMS - SECOND HARVEST COLLABORATES WITH COMMUNITY-BASED AGENCIES TO PROVIDE FOOD AT MORE THAN 770 DIFFERENT DISTRIBUTION SITES THAT FEED LOW-INCOME MEMBERS OF OUR COMMUNITY. THE FOOD BANK DOES THIS THROUGH AGENCY PARTNERS AND DIRECT-SERVICE PROGRAMS TO DEMOGRAPHIC GROUPS AND GEOGRAPHIC LOCATIONS THAT IT BELIEVES WOULD OTHERWISE BE UNDERSERVED.

AGENCY PARTNERS:

THE FOOD ASSISTANCE PROGRAM IS SECOND HARVEST'S PRIMARY FOOD DISTRIBUTION PROGRAM. FOOD IS PROVIDED WITHOUT CHARGE TO 333 LOCAL NONPROFIT AGENCIES THAT FEED HUNGRY PEOPLE, INCLUDING PANTRIES, SHELTERS, SOUP KITCHENS, CHILDREN'S AFTERSCHOOL PROGRAMS AND SENIOR MEAL SITES. SECOND HARVEST IS ONE OF ONLY A HANDFUL OF FOOD BANKS

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

NATIONALLY THAT DOES NOT CHARGE ANYTHING FOR THE FOOD IT PROVIDES.

SECOND HARVEST'S GOAL IS TO DELIBERATELY AND DIRECTLY LEVERAGE ITS PARTNERS' COMPLEMENTARY EFFORTS TO ADDRESS HOMELESSNESS, TO PROVIDE JOB TRAINING AND TO IMPROVE EDUCATIONAL OUTCOMES...ALL OF WHICH ALSO IMPACT FOOD INSECURITY.

APPROXIMATELY 180,017 INDIVIDUALS RECEIVED FOOD ASSISTANCE PER MONTH.

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

* FOOD CONNECTION IS A MULTI-LINGUAL REFERRAL HOTLINE (1-800-984-3663) THAT LINKS PEOPLE NEEDING FOOD WITH LOCAL ASSISTANCE PROGRAMS AND CALFRESH BENEFITS SCREENINGS. IN THE PAST YEAR, FOOD CONNECTION PROVIDED 43,768 REFERRALS.

* COMMUNITY NUTRITION PROVIDES NUTRITION, FOOD SAFETY AND FOOD HANDLING TRAINING AND SUPPORT MATERIALS FOR CLIENTS AND PARTNER AGENCIES. MULTI-LINGUAL NUTRITIONISTS USE INNOVATIVE TEACHING TOOLS TO EDUCATE CLIENTS TO MAKE THE HEALTHIEST FOOD CHOICES. THIS YEAR, STAFF WORKED ON TWO UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) EDUCATION GRANTS. THE FIRST FOCUSED ON DEVELOPING A TRAIN-THE-TRAINER TEACHING PROGRAM FOR PARTNER AGENCIES. THE SECOND ALLOWED SECOND HARVEST TO PROVIDE A BROADER RANGE OF EDUCATIONAL AND RESOURCE MATERIALS TO CLIENTS AT FOOD DISTRIBUTION SITES WHILE ALSO MEASURING THE BEHAVIORAL IMPACT OF THOSE EFFORTS.

* CALFRESH OUTREACH HELPS FAMILIES AND INDIVIDUALS IN NEED APPLY FOR THIS LOCALLY UNDERUTILIZED FEDERAL GOVERNMENT FOOD-ASSISTANCE PROGRAM (ALSO KNOWN AS SNAP, FORMERLY FOOD STAMPS), WHICH PROVIDES A DEBIT CARD TO LOW-INCOME HOUSEHOLDS TO PURCHASE FOOD. WORKING IN PARTNERSHIP WITH

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

SANTA CLARA AND SAN MATEO COUNTY GOVERNMENTS AND SCORES OF OTHER COMMUNITY PARTNERS, SECOND HARVEST'S CALFRESH OUTREACH SPECIALISTS CONDUCT OUTREACH IN COMMUNITY LOCATIONS SUCH AS LIBRARIES, MEDICAL CLINICS, SCHOOLS, FOOD-DISTRIBUTION PARTNER ORGANIZATIONS AND NONPROFITS. AS A RESULT OF THAT WORK, OVER \$12 MILLION IN INCREMENTAL BENEFITS WERE DISTRIBUTED TO 4,066 NEEDY HOUSEHOLDS OVER THE COURSE OF THE FISCAL YEAR THAT ENDED JUNE 30, 2014. THIS ALSO PROVIDED AN ECONOMIC BOOST OF NEARLY \$22 MILLION FOR THE LOCAL COMMUNITY IN THE FORM OF INCREMENTAL PURCHASING, EMPLOYMENT, ETC. THIS PROGRAM HAS ALSO SEEN CUTS IN CLIENT BENEFITS OVER THE PAST YEAR. THIS PUBLIC-PRIVATE PARTNERSHIP FURTHER LEVERAGES THE FOOD BANKS LIMITED RESOURCES AND IS ESSENTIAL TO ENDING LOCAL HUNGER.

TOTAL OF 95,424 INDIVIDUALS ARE SERVED DURING THE YEAR.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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:

EXPLANATION: MONITORING AND ENFORCING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY:

CONFLICT OF INTEREST STATEMENTS ARE COMPLETED AND SIGNED ANNUALLY BY

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

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:

EXPLANATION: IN ORDER TO REVIEW AND APPROVE THE RECOMMENDED SALARY INCREASES FOR MEMBERS OF THE LEADERSHIP TEAM AND THE CEO, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED COMPILED MARKET DATA PROVIDED BY VARIOUS SURVEY SOURCES FOR EACH POSITION THAT OUTLINED COMPARABLE POSITIONS IN NON PROFIT ORGANIZATIONS WITHIN THE LOCAL AND BROADER NATIONAL AREA. 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 2013.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, AL, AK, AR, CO, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MS, MN, NH, NJ, NM, NY, NC, ND, OH, SC
TN, UT, VA, WA, WV, WI, CT, OK, OR, PA, RI

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

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: 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 I, LINE 6:

EXPLANATION: NUMBER OF VOLUNTEERS:

SHFB REASONABLY ESTIMATES THE THAT 31,527 PEOPLE VOLUNTEERED DURING FYE 6/30/14. THIS NUMBER REPRESENTS APPROXIMATELY 3,262 VOLUNTEERS WITH A REGULAR WEEKLY SCHEDULE AND 28,265 VOLUNTEERS THAT COME ONLY ONCE DURING THE YEAR.

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
2	BUILDING AND IMPROVEMENTS	VARIES		.000	16	22383939.			22383939.	5791499.		792,828.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					22383939.		0.	22383939.	5791499.	0.	792,828.
	FURNITURE & FIXTURES											
	OFFICE FURNITURE											
6	AND SMALL TOOLS	VARIES		.000	16	461,320.			461,320.	94,778.		54,682.
	* 990 PAGE 10 TOTAL											
	FURNITURE & FIXTURES					461,320.		0.	461,320.	94,778.	0.	54,682.
	MACHINERY & EQUIPMENT											
3	EQUIPMENT	VARIES		.000	16	2075866.			2075866.	1003417.		252,131.
5	VEHICLES	VARIES		.000	16	3089240.			3089240.	1751247.		301,220.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPMENT					5165106.		0.	5165106.	2754664.	0.	553,351.
	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	VARIES		.000	16	3356819.			3356819.	1528029.		276,897.
	* 990 PAGE 10 TOTAL											
	OTHER					3356819.		0.	3356819.	1528029.	0.	276,897.
	* GRAND TOTAL 990											
	PAGE 10 DEPR					352333042.		0.	352333042.	10168970.	0.	1677758.

328102
05-01-13

(D) - Asset disposed

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