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| | | |
|---|--|------------------|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) | OMB No 1545-0047 |
| | | 2009 |
| | Open to Public Inspection | |

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

| | | | | |
|--|--|---|--|---|
| A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 | | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization Second Harvest Food Bank of the Inland Northwest | | D Employer identification number 23-7173826 |
| | | Doing Business As | | E Telephone number (509) 534-6678 |
| | | Number and street (or P O box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 31,955,814 |
| | | 1234 E Front Avenue | | |
| | | City or town, state or country, and ZIP + 4 Spokane, WA 99202 | | |
| F Name and address of principal officer Jason Clark 1234 E Front Avenue Spokane, WA 99202 | | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | |
| | | | H(c) Group exemption number <input type="checkbox"/> | |
| J Website: <input type="checkbox"/> www 2-harvest org | | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/> | | | L Year of formation 1972 | M State of legal domicile WA |

| | |
|---------------|----------------|
| Part I | Summary |
|---------------|----------------|

| | | | | |
|-----------------------------|------------|--|----------------------------------|---------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities Providing food to needy families in the 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 | 13 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 44 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 2,600 |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 26,141,418 | 31,667,374 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 16,338 | 18,138 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 172,915 | 220,363 |
| | | | 26,330,671 | 31,905,875 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 22,233,317 | 28,679,801 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 1,756,406 | 1,952,580 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 251,383 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 1,442,333 | 1,489,920 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 25,432,056 | 32,122,301 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 898,615 | -216,426 |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 5,537,979 | 5,341,846 |
| | 21 | Total liabilities (Part X, line 26) | 121,234 | 141,760 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 5,416,745 | 5,200,086 |
| | | | | |

| | |
|----------------|------------------------|
| Part II | Signature Block |
|----------------|------------------------|

| | | | | |
|---------------------------------|---|------|--|--|
| Sign Here | 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 | | | |
| | <input type="checkbox"/> ***** Signature of officer | | 2011-01-10 Date | |
| | <input type="checkbox"/> Jennifer Milnes Chief Financial Officer Type or print name and title | | | |
| Paid Preparer's Use Only | Preparer's signature <input type="checkbox"/> Chen R Burnham CPA | Date | Check if self-employed <input type="checkbox"/> <input type="checkbox"/> | Preparer's identifying number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> Moss Adams LLP 601 W Riverside Suite 1800 Spokane, WA 992010629 | | | EIN <input type="checkbox"/> Phone no <input type="checkbox"/> (509) 747-2600 |
| | May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

Fighting hunger, feeding hope Second Harvest brings community resources together to feed people in need through empowerment, education, and partnerships

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 29,022,030 including grants of \$ 26,212,635) (Revenue \$ 36,057)

Warehousing The Organization provides short-term food help to those experiencing a one-time crisis, to those on federal assistance in transition, and to those who lack basic life skills, and to non-profit organizations providing a wide range of services

4b

(Code) (Expenses \$ 2,233,988 including grants of \$ 2,099,919) (Revenue \$)

TEFAP The Organization distributes surplus food made available by the federal government to low income and temporarily needy families in the community

4c

(Code) (Expenses \$ 431,683 including grants of \$ 338,351) (Revenue \$)

CSFP The Organization distributes prepackaged USDA commodities through pantries and a home delivery program to eligible children and elderly people

4d

Other program services (Describe in Schedule O) See also Additional Data for Description











(Expenses \$ 30,761 including grants of \$ 28,896) (Revenue \$)

4e

Total program service expenses \$ 31,718,462

Part IV

Checklist of Required Schedules

| | | Yes | No | |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4 | Yes | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II  | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 | Yes | |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | 11 | Yes | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | | |
| | • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| | • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12 | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes | No | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | 12A | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 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 | | No |
| 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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| 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 | | No |
| 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 | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 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 | | No |
| 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 | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes | |
| 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 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 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 | | No |
| 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 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | | No |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35 | | No |
| 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 | | No |
| 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 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No |
|---|--|---|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a6 | | |
| | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a44 | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | 3a | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | |
| 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)? | | 4a | No |
| | b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | No |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | | 5c | |
| 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? | | 6a | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | 7d | |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | No |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | No |
| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | | 7h | Yes |
| 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? | | | 8 | No |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the organization make any taxable distributions under section 4966? | | | 9a | No |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | No |
| 10 Section 501(c)(7) organizations. Enter | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | 10a | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | 10b | |
| 11 Section 501(c)(12) organizations. Enter | | | | |
| a Gross income from members or shareholders | | | 11a | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | 12b | |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

| | | | | |
|----|---|----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a | 13 | |
| b | Enter the number of voting members that are independent | 1b | 13 | |
| 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 | | No |
| 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 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 | | No |

Section B. Policies

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

| | | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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 | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, 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 | | No |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

| | |
|----|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶WA |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Jennifer Milnes 1234 E Front Avenue Spokane, WA 992022148 (509) 534-6678 |

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

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

Form **990** (2009)

| | | | |
|---------------------------|---------|---|--------|
| 1b Total | 271,142 | 0 | 64,072 |
|---------------------------|---------|---|--------|

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

| | | | |
|----------|---|------------|-----------|
| | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | No |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | No |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | No |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|--|--|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | | | | |
| | b | Membership dues | 1b | 443,735 | | | |
| | c | Fundraising events | 1c | 13,631 | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 2,864,060 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 28,345,948 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 27,809,965 | | | | | |
| | h | Total. Add lines 1a-1f | | 31,667,374 | | | |
| Program Service Revenue | 2a | | 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) | | 18,138 | | |
| 4 | | Income from investment of tax-exempt bond proceeds . . | | | | | |
| 5 | | Royalties | | | | | |
| 6a | | Gross Rents | (i) Real | (ii) Personal | | | |
| b | | Less rental expenses | | | | | |
| c | | Rental income or (loss) | | | | | |
| d | | Net rental income or (loss) | | | | | |
| 7a | | 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) | | | | | |
| 8a | | Gross income from fundraising events (not including \$ 13,631 of contributions reported on line 1c) See Part IV, line 18 | a | 234,245 | | | |
| b | | Less direct expenses | b | 49,939 | | | |
| c | | Net income or (loss) from fundraising events . . | | 184,306 | | | 184,306 |
| 9a | | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| b | | Less direct expenses | b | | | | |
| c | | Net income or (loss) from gaming activities . . | | | | | |
| 10a | | 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 | | | | | |
| 11a | Miscellaneous Reimburs | | 900,099 | 36,057 | 36,057 | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 36,057 | | | | |
| 12 | Total revenue. See Instructions | | 31,905,875 | 36,057 | 0 | 202,444 | |

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 25,376,815 | 25,376,815 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 3,302,986 | 3,302,986 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 354,125 | 321,439 | 17,412 | 15,274 |
| 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 | 1,121,510 | 1,100,755 | 2,269 | 18,486 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 63,522 | 62,585 | 492 | 445 |
| 9 | Other employee benefits | 245,381 | 240,029 | 2,454 | 2,898 |
| 10 | Payroll taxes | 168,042 | 164,156 | 1,012 | 2,874 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 24,588 | 23,049 | 1,539 | |
| d | Lobbying | 13,035 | | 13,035 | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 22,940 | | 21,240 | 1,700 |
| 12 | Advertising and promotion | 11,798 | | | 11,798 |
| 13 | Office expenses | 149,437 | 87,783 | 3,402 | 58,252 |
| 14 | Information technology | 23,679 | 11,005 | 9,856 | 2,818 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 201,937 | 179,642 | 9,655 | 12,640 |
| 17 | Travel | 18,942 | 18,687 | 255 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 19,577 | 77 | 19,334 | 166 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 211,544 | 198,851 | 12,693 | |
| 23 | Insurance | 38,145 | 35,856 | 2,289 | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | Motor Freight and Fleet | 262,103 | 262,103 | | |
| b | Equipment Rent and Main | 125,519 | 110,429 | 319 | 14,771 |
| c | Value Added Purchases | 113,906 | 113,906 | | |
| d | Printing and Publicatio | 99,756 | 10,857 | 5,311 | 83,588 |
| e | Contracted Services | 53,496 | 53,496 | | |
| f | All other expenses | 99,518 | 43,956 | 29,889 | 25,673 |
| 25 | Total functional expenses. Add lines 1 through 24f | 32,122,301 | 31,718,462 | 152,456 | 251,383 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X

Balance Sheet

| | | | | | (A) | | (B) | |
|-----------------------------|---|---|-----|-----------|-------------------|-----------|-------------|-----------|
| | | | | | Beginning of year | | End of year | |
| Assets | 1 | Cash—non-interest-bearing | | | | 329,357 | 1 | 243,825 |
| | 2 | Savings and temporary cash investments | | | | 512,087 | 2 | 834,986 |
| | 3 | Pledges and grants receivable, net | | | | 72,822 | 3 | 64,680 |
| | 4 | Accounts receivable, net | | | | 39,470 | 4 | 43,176 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 2,285,244 | 8 | 1,951,657 |
| | 9 | Prepaid expenses and deferred charges | | | | 3,985 | 9 | 900 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 4,094,327 | 1,985,769 | 10c | 1,882,956 | |
| | b | Less accumulated depreciation | 10b | 2,211,371 | | | | |
| | 11 | Investments—publicly traded securities | | | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | 309,245 | 12 | 319,666 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | | |
| | 14 | Intangible assets | | | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 5,537,979 | 16 | 5,341,846 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 121,234 | 17 | 141,760 | |
| | 18 | Grants payable | | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | | 21 | | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 121,234 | 26 | 141,760 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | | |
| | 27 | Unrestricted net assets | | | 5,330,910 | 27 | 5,046,703 | |
| | 28 | Temporarily restricted net assets | | | 4,401 | 28 | 71,949 | |
| | 29 | Permanently restricted net assets | | | 81,434 | 29 | 81,434 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | | |
| | 33 | Total net assets or fund balances | | | 5,416,745 | 33 | 5,200,086 | |
| | 34 | Total liabilities and net assets/fund balances | | | 5,537,979 | 34 | 5,341,846 | |

Part XI **Financial Statements and Reporting**

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . | | No |
| b Were the organization's financial statements audited by an independent accountant? | Yes | |
| c If "Yes," to 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 . . . | Yes | |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| 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 | |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

| | |
|--|--|
| Name of the organization Second Harvest Food Bank of the Inland Northwest | Employer identification number 23-7173826 |
|--|--|

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

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

1

☐

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

2

☐

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

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(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 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) | | |
| 11g(ii) | | |
| 11g(iii) | | |

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 23,659,750 | 21,602,913 | 22,435,081 | 26,141,418 | 31,667,374 | 125,506,536 |
| 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 | 23,659,750 | 21,602,913 | 22,435,081 | 26,141,418 | 31,667,374 | 125,506,536 |
| 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 | | | | | | 125,506,536 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|------------|----------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 23,659,750 | 23,455 | 22,435,081 | 26,141,418 | 31,667,374 | 125,506,536 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 19,137 | 23,455 | 17,094 | 16,338 | 18,138 | 94,162 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | 16,231 | 14,921 | 7,660 | 14,227 | 36,057 | 89,096 |
| 11 Total support (Add lines 7 through 10) | | | | | | 125,689,794 |

12 Gross receipts from related activities, etc (See instructions)

12980,561

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|---|----|----------|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | 14 | 99.850 % |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | 15 | 99.860 % |

- 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2008. If the organization did not check the 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
- 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 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

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9Amounts from line 6 | | | | | | |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| cAdd lines 10a and 10b | | | | | | |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13Total support (Add lines 9, 10c, 11 and 12.) | | | | | | |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--|
| 17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |
| 19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | | |

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

| Explanation |
|--|
| Schedule A, Part II, Line 10, Explanation of Other Income Miscellaneous Income |
| |
| |
| |

Additional Data

Software ID:
Software Version:
EIN: 23-7173826
Name: Second Harvest Food Bank of the Inland Northwest

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| | | | |
|---|----------------|--------|---|
| 4d. Other program services | | | |
| (Code |) (Expenses \$ | 30,761 | including grants of \$ 28,896) (Revenue \$) |
| Brown Bag The Organization distributes commodities and other products once a month to low income, homebound individuals | | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Rob Daugherty Board Chair | 2 00 | X | | X | | | | 0 | 0 | 0 |
| Rick Beebe Secretary/Treasurer | 2 00 | X | | X | | | | 0 | 0 | 0 |
| Jim Barry Board Member | 50 | X | | | | | | 0 | 0 | 0 |
| Patrick Cerutti Board Member | 1 00 | X | | | | | | 0 | 0 | 0 |
| Karen Contardo Board Member | 50 | X | | | | | | 0 | 0 | 0 |
| Pam DeCounter Board Member | 1 00 | X | | | | | | 0 | 0 | 0 |
| Mike Feiler Board Member | 50 | X | | | | | | 0 | 0 | 0 |
| Joanna Harrington Board Member | 50 | X | | | | | | 0 | 0 | 0 |
| Steve Herbison Board Member | 50 | X | | | | | | 0 | 0 | 0 |
| Roberta Jackson Board Member | 50 | X | | | | | | 0 | 0 | 0 |
| Dean Sonnenberg Board Member | 50 | X | | | | | | 0 | 0 | 0 |
| Brendan Wiechert Board Member | 50 | X | | | | | | 0 | 0 | 0 |
| Roger Williams Board Member | 50 | X | | | | | | 0 | 0 | 0 |
| Jason Clark Executive Director | 40 00 | | | X | | | | 96,804 | 0 | 23,518 |
| Jennifer L Milnes Chief Financial Officer | 40 00 | | | X | | | | 67,150 | 0 | 13,377 |
| Rod Wieber Chief Resource Officer | 40 00 | | | X | | | | 55,101 | 0 | 12,649 |
| Dawn Yarnell Chief Operating Officer | 40 00 | | | X | | | | 52,087 | 0 | 14,528 |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| <i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Motor Freight and Fleet | 262,103 | 262,103 | | |
| Equipment Rent and Main | 125,519 | 110,429 | 319 | 14,771 |
| Value Added Purchases | 113,906 | 113,906 | | |
| Printing and Publicatio | 99,756 | 10,857 | 5,311 | 83,588 |
| Contracted Services | 53,496 | 53,496 | | |

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.**

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization
Second Harvest Food Bank of the Inland Northwest

Employer identification number

23-7173826

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 funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

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

Part II-B

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

| | | (a) | | (b) | |
|------------------------------------|--|-----|--------|--------|----|
| | | Yes | No | Amount | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | |
| | a Volunteers? | | | | No |
| | b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | No |
| | c Media advertisements? | | | | No |
| | d Mailings to members, legislators, or the public? | No | | | |
| | e Publications, or published or broadcast statements? | No | | | |
| | f Grants to other organizations for lobbying purposes? | No | | | |
| | g Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 13,035 | |
| | h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | No | | | |
| | i Other activities? If "Yes," describe in Part IV | No | | | |
| j Total lines 1c through 1i | | | 13,035 | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | No | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|--------------------|--|---|
| Part II-B, Line 1i | Explanation of Other Lobbying Activities | Paid lobbyist to inform state legislators of the needs of food insecure and very food insecure individuals and families and the need for assistance in providing additional funds and resources |

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Second Harvest Food Bank of the Inland Northwest

Employer identification number
23-7173826

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

| | |
|----|-----------------------------|
| | Held at the End of the Year |
| 2a | |
| 2b | |
| 2c | |
| 2d | |

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

1b

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

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ _____

(ii) Assets included in Form 990, Part X▶ \$ _____

2

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

a Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b Assets included in Form 990, Part X▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

| | | | | | |
|----|--|---------------|-------------------|---------------------|--------------------|
| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
| 1a | Beginning of year balance | 81,434 | 78,561 | | |
| b | Contributions | 2,873 | | | |
| c | Investment earnings or losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | 81,434 | 81,434 | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ 100 000 % %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 175,500 | | 175,500 |
| b Buildings | | 1,909,678 | 802,830 | 1,106,848 |
| c Leasehold improvements | | | | |
| d Equipment | | 1,300,922 | 857,239 | 443,683 |
| e Other | | 708,227 | 551,302 | 156,925 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 1,882,956 |

| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | | |
|--|---|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 131,905,875 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 232,122,301 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3-216,426 |
| 4 | Net unrealized gains (losses) on investments | 4-233 |
| 5 | Donated services and use of facilities | 5 |
| 6 | Investment expenses | 6 |
| 7 | Prior period adjustments | 7 |
| 8 | Other (Describe in Part XIV) | 8 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9-233 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10-216,659 |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | |
|---|---|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 131,919,854 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| a | Net unrealized gains on investments2a-233 | |
| b | Donated services and use of facilities2b14,212 | |
| c | Recoveries of prior year grants2c | |
| d | Other (Describe in Part XIV)2d | |
| e | Add lines 2a through 2d2e13,979 | |
| 3 | Subtract line 2e from line 13 | 331,905,875 |
| 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 7b4a | |
| b | Other (Describe in Part XIV)4b | |
| c | Add lines 4a and 4b4c0 | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5 | 531,905,875 |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | |
|--|--|-------------|
| 1 | Total expenses and losses per audited financial statements | 132,136,513 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a | Donated services and use of facilities2a14,212 | |
| b | Prior year adjustments2b | |
| c | Other losses2c | |
| d | Other (Describe in Part XIV)2d | |
| e | Add lines 2a through 2d2e14,212 | |
| 3 | Subtract line 2e from line 13 | 332,122,301 |
| 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 7b4a | |
| b | Other (Describe in Part XIV)4b | |
| c | Add lines 4a and 4b4c0 | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5 | 532,122,301 |

| Part XIV Supplemental Information | | |
|--|--|---|
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. | | |
| Identifier | Return Reference | Explanation |
| Part V, Line 4 | Description of Intended Use of Endowment Funds | Taxpayer intends to use the interest income on the fund to cover current operations |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Second Harvest Food Bank of the Inland Northwest

Employer identification number
23-7173826

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

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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 activities?

☐ 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. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total ▶ | | | | | | |

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

Part II

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

| Revenue | | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|----|--|-----------------------------|-------------------------------------|------------------|-------------------------------|
| | | | Taking a Bite out of Hunger | Taking a Bite out of Hunger Tri Cit | 1 | (Add col (a) through col (c)) |
| | | | (event type) | (event type) | (total number) | |
| | 1 | Gross receipts | 165,434 | 49,754 | 32,688 | 247,876 |
| Direct Expenses | 2 | Less Charitable contributions | 9,895 | 3,711 | 25 | 13,631 |
| | 3 | Gross income (line 1 minus line 2) | 155,539 | 46,043 | 32,663 | 234,245 |
| | 4 | Cash prizes | | | 259 | 259 |
| | 5 | Non-cash prizes . . . | 7,197 | 985 | | 8,182 |
| | 6 | Rent/facility costs . . . | 11,519 | 5,440 | 7,912 | 24,871 |
| | 7 | Food and beverages . . . | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses . | 10,323 | 2,041 | 4,263 | 16,627 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) | | | | 49,939 |
| | 11 | Net income summary Combine lines 3, column d, and line 10. | | | | 184,306 |

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.

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

| | | Yes | No |
|-----|---|-----|----|
| 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? | 9a | |
| b | If "No," Explain _____ _____ | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b | If "Yes," Explain _____ _____ | | |
| 11 | Does the organization operate gaming activities with nonmembers? | 11 | |
| 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? | 12 | |

| | | | |
|---|--|------------|-----------|
| | | 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? | 15a | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ | | |
| c | If "Yes," enter name and address | | |
| Name ► | | | |
| Address ► | | | |
| 16 | Gaming manager information | | |
| Name ► | | | |
| Gaming manager compensation ► \$ _____ | | | |
| Description of services provided ► | | | |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | | |
| 17 | Mandatory distributions | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ | | |

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Second Harvest Food Bank of the Inland Northwest

Employer identification number
23-7173826

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes

☐ No
- 2

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

Part II

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table | | | | | | | |
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| | | | | | | | |

2

Enter total number of section 501(c)(3) and government organizations

188

3

Enter total number of other organizations

Software ID:

Software Version:

EIN: 23-7173826

Name: Second Harvest Food Bank of the Inland Northwest

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| ABC Food BankPO Box 416 Athol, ID 83801 | 82-0521072 | 501 (C) 3 | | 52,697 | FMV | Food | Food for needy families & individuals |
| Addy Rescue Mission Food BankPO Box 38 Addy, WA 99101 | 91-1394575 | 501 (C) 3 | | 43,295 | FMV | Food | Food for needy families & individuals |
| Airway Heights Baptist Church12311 W Sunset HWY Airway Heights, WA 99001 | 91-1229630 | 501 (C) 3 | | 298,841 | FMV | Food | Food for needy families & individuals |
| All Nations Christian Center PO Box 21 Spokane, WA 99210 | 91-0820348 | 501 (C) 3 | | 16,711 | FMV | Food | Food for needy families & individuals |
| All Saints Lutheran314 S Spruce Spokane, WA 99201 | 91-6017136 | 501 (C) 3 | | 35,764 | FMV | Food | Food for needy families & individuals |
| American Indian Center801 E 2nd Ave STE 10 Spokane, WA 99202 | 91-0822523 | 501 (C) 3 | | 498,406 | FMV | Food | Food for needy families & individuals |
| America's Second Harvest of Greater St Joseph915 Douglas St Joseph, MO 64505 | 43-1268319 | 501 (C) 3 | | 62,460 | FMV | Food | Food for needy families & individuals |
| Asotin County Food Bank 1546 Maple Street Clarkston, WA 99403 | 82-0338109 | 501 (C) 3 | | 252,951 | FMV | Food | Food for needy families & individuals |
| Association for Sacred EncountersPO Box 408 Plummer, ID 86851 | 82-0255476 | 501 (C) 3 | | 283,767 | FMV | Food | Food for needy families & individuals |
| Basin City Help Services101 Canal Drive Mesa, WA 99343 | 91-1544022 | 501 (C) 3 | | 10,605 | FMV | Food | Food for needy families & individuals |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|----------------|---|---------------------------------|--|--|---|---|
| Better Living CenterPO Box 48124 Spokane, WA 99228 | 91-1523400 | 501 (C) 3 | | 520,786 | FMV | Food | Food for needy families & individuals |
| Blue Mountain Action Council342 Catherine Walla Walla, WA 99362 | 91-0793597 | 501 (C) 3 | | 401,593 | FMV | Food | Food for needy families & individuals |
| Bonner Community Food Center921 N 5th Ave Sandpoint, ID 83864 | 82-0385747 | 501 (C) 3 | | 330,616 | FMV | Food | Food for needy families & individuals |
| Brownstone Work Release223 S Browne St Spokane, WA 99201 | 91-0791552 | 501 (C) 3 | | 85,425 | FMV | Food | Food for needy families & individuals |
| Calvary Baptist Church203 E Third Ave Spokane, WA 99202 | 91-1266124 | 501 (C) 3 | | 6,050 | FMV | Food | Food for needy families & individuals |
| Camp Fire USA Camp Sweyolakan524 N Mullan Rd Spokane, WA 99206 | 13-1623921 | 501 (C) 3 | | 9,922 | FMV | Food | Food for needy families & individuals |
| Care and Share Food BankPO Box 217 Davenport, WA 99122 | 91-1228920 | 501 (C) 3 | | 13,647 | FMV | Food | Food for needy families & individuals |
| Care and Share Food Bank2605 Preamble Point Colorado Springs, CO 80915 | 91-1228920 | 501 (C) 3 | | 171,102 | FMV | Food | Food for needy families & individuals |
| Caritas Outreach Ministries2919 N Monroe Spokane, WA 99205 | 91-1569891 | 501 (C) 3 | | 31,368 | FMV | Food | Food for needy families & individuals |
| Carroll Childrens Center5301 Tieton Drive STE C Yakima, WA 98908 | 91-0564959 | 501 (C) 3 | | 5,048 | FMV | Food | Food for needy families & individuals |

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|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---------------------------------------|
| Cascade Blue Mountain Food Share360 S 2nd Walla Walla, WA 99362 | 91-0873024 | 501 (C) 3 | | 101,081 | FMV | Food | Food for needy families & individuals |
| Center Pointe1408 N Washington Spokane, WA 99201 | 91-0675549 | 501 (C) 3 | | 5,435 | FMV | Food | Food for needy families & individuals |
| Cheney Food BankPO Box 614 Cheney, WA 99004 | 91-1171888 | 501 (C) 3 | | 44,954 | FMV | Food | Food for needy families & individuals |
| Chewelah Food BankPO Box 628 Chewelah, WA 99109 | 91-1084840 | 501 (C) 3 | | 51,722 | FMV | Food | Food for needy families & individuals |
| Childrens Village1350 W Hanley Ave Coeur DAlene, ID 83815 | 82-0385109 | 501 (C) 3 | | 5,062 | FMV | Food | Food for needy families & individuals |
| Christian Life Fellowship 1067 C Street Plummer, ID 83851 | 82-6010023 | 501 (C) 3 | | 131,821 | FMV | Food | Food for needy families & individuals |
| Clark Fork Food BankPO Box 176 Clark Fork, ID 83811 | 82-0440369 | 501 (C) 3 | | 33,062 | FMV | Food | Food for needy families & individuals |
| Columbia Heights Food Bank PO Box 130 Hunters, WA 99137 | 81-0662710 | 501 (C) 3 | | 7,128 | FMV | Food | Food for needy families & individuals |
| Colville Tribe ProgramPO Box 150 Nespelem, WA 99155 | 91-0557683 | 501 (C) 3 | | 288,720 | FMV | Food | Food for needy families & individuals |
| Community Action Center-Pullman350 SE Fairmont Rd Pullman, WA 991635500 | 94-3080214 | 501 (C) 3 | | 51,016 | FMV | Food | Food for needy families & individuals |

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|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---------------------------------------|
| Community Action Partnership- Bonners Ferry PO Box 627 Bonners Ferry,ID 86805 | 82-0263863 | 501 (C) 3 | | 10,473 | FMV | Food | Food for needy families & individuals |
| Community Action Partnership-CDA4144 W Industrial Loop Coeur DAlene,ID 83815 | 82-0263863 | 501 (C) 3 | | 546,874 | FMV | Food | Food for needy families & individuals |
| Community Action Partnership-StMaries416 Main Avenue StMarie,ID 83861 | 82-0263863 | 501 (C) 3 | | 7,334 | FMV | Food | Food for needy families & individuals |
| Community Detox Services PO Box 2845 Spokane,WA 99220 | 91-1140012 | 501 (C) 3 | | 14,629 | FMV | Food | Food for needy families & individuals |
| Concerned People for AnimalsPO Box 359 Rathdrum,ID 83858 | 77-0285624 | 501 (C) 3 | | 19,742 | FMV | Food | Food for needy families & individuals |
| Connell Food BankPO Box 745 Connell,WA 99326 | 91-1322596 | 501 (C) 3 | | 77,548 | FMV | Food | Food for needy families & individuals |
| COPS Northeast5208 N Market St Spokane,WA 99217 | 91-1629318 | 501 (C) 3 | | 10,634 | FMV | Food | Food for needy families & individuals |
| Council on Aging-WhitmanPO Box 107 Colfax,WA 99111 | 91-0964790 | 501 (C) 3 | | 188,230 | FMV | Food | Food for needy families & individuals |
| Cusick Food BankPO Box 126 Cusick,WA 99119 | 91-1102635 | 501 (C) 3 | | 67,979 | FMV | Food | Food for needy families & individuals |
| Daybreak Youth Services 11711 E Sprague D4 Spokane,WA 99206 | 91-1083936 | 501 (C) 3 | | 52,197 | FMV | Food | Food for needy families & individuals |

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| DC Central Kitchen19 I Street NW Washington DC, MD 20001 | 55-0825492 | 501 (C) 3 | | 20,609 | FMV | Food | Food for needy families & individuals |
| Dream CenterPO Box 14761 Spokane, WA 99206 | 91-1225144 | 501 (C) 3 | | 18,026 | FMV | Food | Food for needy families & individuals |
| Dream Center Resource CenterPO Box 14761 Spokane Valley, WA 99214 | 91-1225144 | 501 (C) 3 | | 302,645 | FMV | Food | Food for needy families & individuals |
| East Central CC Youth Program500 S Stone St Spokane, WA 99202 | 27-0525887 | 501 (C) 3 | | 9,528 | FMV | Food | Food for needy families & individuals |
| East Central Food Bank500 S Stone St Spokane, WA 99202 | 91-1143596 | 501 (C) 3 | | 410,629 | FMV | Food | Food for needy families & individuals |
| East Valley Baptist Church14516 E Wellesley Ave Spokane Valley, WA 99216 | 91-0466453 | 501 (C) 3 | | 17,195 | FMV | Food | Food for needy families & individuals |
| Eleanor Chase House427 W 7th Ave Spokane, WA 99204 | 91-0791552 | 501 (C) 3 | | 18,113 | FMV | Food | Food for needy families & individuals |
| Excelsior Youth Center3754 W Indian Trail Rd Spokane, WA 99208 | 91-1189908 | 501 (C) 3 | | 18,321 | FMV | Food | Food for needy families & individuals |
| Fish Food BankPO Box 85 Ellensburg, WA 98926 | 91-1059920 | 501 (C) 3 | | 257,699 | FMV | Food | Food for needy families & individuals |
| Flying H Boys Ranch370 Carmack Ln Naches, WA 98937 | 20-2147292 | 501 (C) 3 | | 48,294 | FMV | Food | Food for needy families & individuals |

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| Food Bank of Alaska2121 Spar Ave Anchorage, AK 99501 | 92-0073175 | 501 (C) 3 | | 62,721 | FMV | Food | Food for needy families & individuals |
| Food Bank of Northern Nevada550 Italy Drive McCarran, NV 89434 | 94-2924979 | 501 (C) 3 | | 56,025 | FMV | Food | Food for needy families & individuals |
| Food Bank of the Rockies10700 E 45th Avenue Denver, CO 80216 | 84-0772672 | 501 (C) 3 | | 61,050 | FMV | Food | Food for needy families & individuals |
| Food Lifeline1702 NE 150TH ST Shoreline, WA 981557226 | 91-1090450 | 501 (C) 3 | | 224,856 | FMV | Food | Food for needy families & individuals |
| Ford Food Pantry7292 C Highway 291 Tum Tum, WA 99034 | 91-1367180 | 501 (C) 3 | | 28,295 | FMV | Food | Food for needy families & individuals |
| Golden Age Food SharePO Box 4467 Pasco, WA 99301 | 31-1515790 | 501 (C) 3 | | 461,041 | FMV | Food | Food for needy families & individuals |
| Great Commandments MinistriesPO Box 942 Naches, WA 98937 | 91-1660952 | 501 (C) 3 | | 8,427 | FMV | Food | Food for needy families & individuals |
| Greenhouse Food BankPO Box 280 Deer Park, WA 99006 | 02-0797827 | 501 (C) 3 | | 563,144 | FMV | Food | Food for needy families & individuals |
| Harrington Food Bank204 N Thrd St Harrington, WA 99134 | 91-0956984 | 501 (C) 3 | | 248,561 | FMV | Food | Food for needy families & individuals |
| Harvest Outreach1350 S Rainier Kennewick, WA 99337 | 91-1184020 | 501 (C) 3 | | 124,151 | FMV | Food | Food for needy families & individuals |

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|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---------------------------------------|
| Hope Source700 E Mountain View STE 501 Ellensburg, WA 98926 | 91-0814544 | 501 (C) 3 | | 42,893 | FMV | Food | Food for needy families & individuals |
| Hospitality House Ministries PO Box 2542 Wenatchee, WA 98807 | 91-1268801 | 501 (C) 3 | | 111,971 | FMV | Food | Food for needy families & individuals |
| House of Charity32 W Pacific Spokane, WA 99201 | 91-0569880 | 501 (C) 3 | | 22,753 | FMV | Food | Food for needy families & individuals |
| Idaho Food Bank3562 TK Ave Boise, ID 83705 | 82-0425400 | 501 (C) 3 | | 118,883 | FMV | Food | Food for needy families & individuals |
| Inland Community Outreach 1520 E Houston Ave Spokane, WA 99217 | 23-7022217 | 501 (C) 3 | | 14,591 | FMV | Food | Food for needy families & individuals |
| Isabella HousePO Box 4627 Spokane, WA 99220 | 91-1113010 | 501 (C) 3 | | 23,929 | FMV | Food | Food for needy families & individuals |
| Jericho Road Ministries2500 Jericho Rd Richland, WA 99352 | 20-3213204 | 501 (C) 3 | | 5,049 | FMV | Food | Food for needy families & individuals |
| Jesus is the Answer Church 1803 E Desmet Ave Spokane, WA 99202 | 91-1889132 | 501 (C) 3 | | 66,952 | FMV | Food | Food for needy families & individuals |
| Jubilee Youth Ranch29 Jubilee Circle Prescott, WA 99348 | 51-0505773 | 501 (C) 3 | | 38,794 | FMV | Food | Food for needy families & individuals |
| Kinderhaven IncPO Box 2097 Sandpoint, ID 83864 | 82-0491527 | 501 (C) 3 | | 28,893 | FMV | Food | Food for needy families & individuals |

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|--|----------------|---|---------------------------------|--|--|---|---|
| Lake Chelan Food BankPO Box 1058 Chelan, WA 98816 | 13-5562208 | 501 (C) 3 | | 68,735 | FMV | Food | Food for needy families & individuals |
| Lake City Community Church6000 Ramsey Rd Coeur DAlene, ID 83815 | 82-0537455 | 501 (C) 3 | | 259,048 | FMV | Food | Food for needy families & individuals |
| Libby Teen Center544 E Providence Spokane, WA 99207 | 11-3650339 | 501 (C) 3 | | 7,597 | FMV | Food | Food for needy families & individuals |
| Life Services Maternity Home2659 N Ash St Spokane, WA 99205 | 91-1494402 | 501 (C) 3 | | 22,416 | FMV | Food | Food for needy families & individuals |
| Living Hope Church Food Bank918 E Garland Ave Spokane, WA 99207 | 91-1960329 | 501 (C) 3 | | 55,364 | FMV | Food | Food for needy families & individuals |
| Loon Lake Food Bank & ResourcePO Box 64 Loon Lake, WA 99148 | 91-1236018 | 501 (C) 3 | | 506,533 | FMV | Food | Food for needy families & individuals |
| Love Outreach4228 W Osage Way Spokane, WA 99208 | 91-1633017 | 501 (C) 3 | | 9,444 | FMV | Food | Food for needy families & individuals |
| Martin Hall Juvenile Center471 E Mercury Butte, MT 59701 | 81-0413419 | 501 (C) 3 | | 24,770 | FMV | Food | Food for needy families & individuals |
| McKinley Indian MissionPO Box 470 Toppenish, WA 98948 | 16-1778694 | 501 (C) 3 | | 46,033 | FMV | Food | Food for needy families & individuals |
| Mead Food Bank2105 E Carlson Ct Spokane, WA 99208 | 91-2041726 | 501 (C) 3 | | 282,966 | FMV | Food | Food for needy families & individuals |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| Meals on Wheels-ValleyPO Box 14278 Spokane Valley, WA 99214 | 91-1042546 | 501 (C) 3 | | 22,797 | FMV | Food | Food for needy families & individuals |
| Medical Lake Food BankPO Box 461 Medical Lake, WA 99022 | 94-3123923 | 501 (C) 3 | | 190,328 | FMV | Food | Food for needy families & individuals |
| Mending Fences Fellowship1906 E Sprague Ave Spokane, WA 99202 | 91-0995031 | 501 (C) 3 | | 91,186 | FMV | Food | Food for needy families & individuals |
| Merry Glen School2917 N Cincinnati Spokane, WA 99207 | 91-0741659 | 501 (C) 3 | | 27,657 | FMV | Food | Food for needy families & individuals |
| Mid-City Concerns1222 W 2nd Ave Spokane, WA 992014606 | 91-0833015 | 501 (C) 3 | | 32,399 | FMV | Food | Food for needy families & individuals |
| Miryam's House of Transition1805 W 9th Ave Spokane, WA 99204 | 91-1307272 | 501 (C) 3 | | 21,709 | FMV | Food | Food for needy families & individuals |
| Montana Food Bank5625 Expressway Missoula, MT 59808 | 81-0421243 | 501 (C) 3 | | 372,467 | FMV | Food | Food for needy families & individuals |
| Moses Lake Food BankPO Box 683 Moses Lake, WA 98837 | 91-0814451 | 501 (C) 3 | | 51,223 | FMV | Food | Food for needy families & individuals |
| New Hope Community Church7201 W Clearwater Ave B-101 Kennewick, WA 99336 | 91-1421416 | 501 (C) 3 | | 16,925 | FMV | Food | Food for needy families & individuals |
| New Hope FarmsPO Box 89 Goldendale, WA 98620 | 91-1039111 | 501 (C) 3 | | 16,009 | FMV | Food | Food for needy families & individuals |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---------------------------------------|
| New Hope Outreach-Deer ParkPO Box 1080 Deer Park,WA 99006 | 91-1693819 | 501 (C) 3 | | 16,873 | FMV | Food | Food for needy families & individuals |
| New Hope Ranch622 East Caroline Court Spokane,WA 99218 | 91-1630914 | 501 (C) 3 | | 73,816 | FMV | Food | Food for needy families & individuals |
| Newport Food BankPO Box 1952 Newport,WA 99156 | 91-1637970 | 501 (C) 3 | | 36,770 | FMV | Food | Food for needy families & individuals |
| North County Food PantryPO Box 388 Elk,WA 99009 | 94-3167688 | 501 (C) 3 | | 267,420 | FMV | Food | Food for needy families & individuals |
| North Palouse Community Food BankPO Box 462 Fairfield,WA 99012 | 20-3803508 | 501 (C) 3 | | 27,523 | FMV | Food | Food for needy families & individuals |
| North East Pantry4001 N Cook Spokane,WA 99207 | 91-1311127 | 501 (C) 3 | | 257,950 | FMV | Food | Food for needy families & individuals |
| Northwest Ecumenical Food Bank3908 N Driscoll Blvd Spokane,WA 99205 | 91-0636511 | 501 (C) 3 | | 107,214 | FMV | Food | Food for needy families & individuals |
| Odyssey Youth Center1121 S Perry St Spokane,WA 99202 | 91-2045932 | 501 (C) 3 | | 7,297 | FMV | Food | Food for needy families & individuals |
| OIC- Yakima Valley815 Fruitvale Blvd Yakima,WA 98902 | 91-0873024 | 501 (C) 3 | | 181,009 | FMV | Food | Food for needy families & individuals |
| Okanogan CACPO Box 1067 Okanogan,WA 98840 | 91-0814162 | 501 (C) 3 | | 299,506 | FMV | Food | Food for needy families & individuals |

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|--|----------------|---|---------------------------------|--|--|---|---|
| Open Heart BaptistPO Box 819 Selah,WA 98942 | 05-0631752 | 501 (C) 3 | | 21,693 | FMV | Food | Food for needy families & individuals |
| Oregon Food BankPO Box 55370 Portland,OR 972385370 | 93-0785786 | 501 (C) 3 | | 188,753 | FMV | Food | Food for needy families & individuals |
| Otis Orchards Food BankPO Box 0189 Otis Orchards,WA 99027 | 91-1349542 | 501 (C) 3 | | 93,383 | FMV | Food | Food for needy families & individuals |
| Our Place1509 W College Ave Spokane,WA 99201 | 91-1384287 | 501 (C) 3 | | 384,076 | FMV | Food | Food for needy families & individuals |
| Peaceful Valley Community214 N Cedar St Spokane,WA 99201 | 94-3060693 | 501 (C) 3 | | 345,693 | FMV | Food | Food for needy families & individuals |
| Peaceful Valley Community214 N Cedar St Spokane,WA 99201 | 94-3060693 | 501 (C) 3 | | 21,837 | FMV | Food | Food for needy families & individuals |
| Pet Overpopulation PreventionPO Box 442 Pasco,WA 99301 | 91-1846733 | 501 (C) 3 | | 7,361 | FMV | Food | Food for needy families & individuals |
| Pinehurst Real Life1866 Cecil Post Falls,ID 83854 | 82-0505302 | 501 (C) 3 | | 14,728 | FMV | Food | Food for needy families & individuals |
| Post Falls Food Bank296 West Sumset Ave Suite 16A Coeur DAlene,ID 83815 | 82-0424551 | 501 (C) 3 | | 447,405 | FMV | Food | Food for needy families & individuals |
| Priest Lake Food Pantry5215 Gleason McAbeefalls Rd Priest Lake,ID 83856 | 82-0532708 | 501 (C) 3 | | 23,934 | FMV | Food | Food for needy families & individuals |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---------------------------------------|
| Priest River Animal Rescue PO Box 1626 Priest River, ID 83856 | 43-1955620 | 501 (C) 3 | | 6,171 | FMV | Food | Food for needy families & individuals |
| Priest River Food Bank921 N 5th Ave Sandpoint, ID 83864 | 83-0385747 | 501 (C) 3 | | 44,660 | FMV | Food | Food for needy families & individuals |
| Project Self-Sufficiency AD E 2917 Fort George Wright Spokane, WA 99205 | 91-0886962 | 501 (C) 3 | | 5,486 | FMV | Food | Food for needy families & individuals |
| Quincy Food BankPO Box 413 Quincy, WA 98848 | 91-1612682 | 501 (C) 3 | | 198,863 | FMV | Food | Food for needy families & individuals |
| Rathdrum Food Bank8027 W Main Rathdrum, ID 86858 | 82-0415811 | 501 (C) 3 | | 9,900 | FMV | Food | Food for needy families & individuals |
| Real Life Ministries Pantry 1866 Cecil Rd Post Falls, ID 83854 | 82-0505302 | 501 (C) 3 | | 101,406 | FMV | Food | Food for needy families & individuals |
| Richard Allen Youth Academy 645 Richard Allen Ct Spokane, WA 99202 | 91-1730560 | 501 (C) 3 | | 5,966 | FMV | Food | Food for needy families & individuals |
| Royal City Food Bank17619 Road 13 SW Royal City, WA 99357 | 91-1910402 | 501 (C) 3 | | 106,740 | FMV | Food | Food for needy families & individuals |
| Rural Resources Community Action956 S Main St STE A Colville, WA 991142310 | 91-0793447 | 501 (C) 3 | | 381,965 | FMV | Food | Food for needy families & individuals |
| Salvation Army Food BankPO Box 9108 Spokane, WA 99209 | 91-0565002 | 501 (C) 3 | | 1,636,059 | FMV | Food | Food for needy families & individuals |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---------------------------------------|
| Salvation Army-PascoPO Box 510 Pasco,WA 99301 | 91-0565002 | 501 (C) 3 | | 17,749 | FMV | Food | Food for needy families & individuals |
| Salvation Army-YakimaPO Box 2782 Yakima,WA 98907 | 91-0565002 | 501 (C) 3 | | 79,737 | FMV | Food | Food for needy families & individuals |
| Scraps Hope Foundation2521 N Flora Rd Spokane Valley,WA 99216 | 26-4118735 | 501 (C) 3 | | 6,980 | FMV | Food | Food for needy families & individuals |
| Second Harvest Heartland1140 Gervais Avenue Maplewood,MN 55109 | 23-7417654 | 501 (C) 3 | | 69,929 | FMV | Food | Food for needy families & individuals |
| Selah Bible Baptist Food BankPO Box 1089 Selah,WA 98942 | 91-6034558 | 501 (C) 3 | | 7,385 | FMV | Food | Food for needy families & individuals |
| Senior Opportunity and Service308 East Third Ave Moses Lake,WA 98837 | 91-0898265 | 501 (C) 3 | | 95,115 | FMV | Food | Food for needy families & individuals |
| Serve Spokane Food Pantry202 E Lyons Spokane,WA 99208 | 20-4040980 | 501 (C) 3 | | 36,895 | FMV | Food | Food for needy families & individuals |
| Seventh Day Adventist-CDA111 E Locust Ave Coeur DAlene,ID 83814 | 23-7082211 | 501 (C) 3 | | 15,822 | FMV | Food | Food for needy families & individuals |
| Seventh Day Adventist-Colville138 E Cedar Loop Colville,WA 99114 | 91-1502309 | 501 (C) 3 | | 13,926 | FMV | Food | Food for needy families & individuals |
| Seventh Day Adventist-PascoPO Box 2070 Pasco,WA 99302 | 91-1060609 | 501 (C) 3 | | 69,277 | FMV | Food | Food for needy families & individuals |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|---------------------------|-----------------------------------|--|--|---------------------------------------|
| Seventh Day Adventist-GrandviewPO Box 1409 Prosser, WA 99350 | 91-1230404 | 501 (C) 3 | | 215,646 | FMV | Food | Food for needy families & individuals |
| Shalom Ministries518 W 3rd Ave Spokane, WA 99201 | 91-1878389 | 501 (C) 3 | | 33,594 | FMV | Food | Food for needy families & individuals |
| Shoshone County Food Bank PO Box 85 Kellogg, ID 83837 | 82-0263863 | 501 (C) 3 | | 46,673 | FMV | Food | Food for needy families & individuals |
| Silver Valley Worship Center PO Box 196 Smelterville, ID 83868 | 82-0515102 | 501 (C) 3 | | 202,674 | FMV | Food | Food for needy families & individuals |
| Southside Food Pantry2934 E 27th Avenue Spokane, WA 99223 | 91-2153486 | 501 (C) 3 | | 630,708 | FMV | Food | Food for needy families & individuals |
| Spangle Food BankPO Box 203 Spangle, WA 99031 | 91-0991209 | 501 (C) 3 | | 47,432 | FMV | Food | Food for needy families & individuals |
| Spear MinistriesPO Box 4033 Spokane, WA 99202 | 26-2998013 | 501 (C) 3 | | 15,405 | FMV | Food | Food for needy families & individuals |
| Special Olympics-EastPO Box 1640 Richland, WA 99352 | 91-0962383 | 501 (C) 3 | | 11,144 | FMV | Food | Food for needy families & individuals |
| Spokane Aids Network905 S Monroe St Spokane, WA 99204 | 91-1380583 | 501 (C) 3 | | 28,208 | FMV | Food | Food for needy families & individuals |
| Spokane Community College Food Bank1810 N Green Street Spokane, WA 99217 | 91-0824678 | 501 (C) 3 | | 11,133 | FMV | Food | Food for needy families & individuals |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| Spokane CubhousePO Box 2845 Spokane, WA 99220 | 91-1108762 | 501 (C) 3 | | 22,030 | FMV | Food | Food for needy families & individuals |
| Spokane Falls CC Food Bank3410 W Fort George Wright Dr Spokane, WA 992245288 | 91-0824678 | 501 (C) 3 | | 58,911 | FMV | Food | Food for needy families & individuals |
| Spokane Humane Society6607 N Havana St Spokane, WA 99207 | 91-0565011 | 501 (C) 3 | | 18,305 | FMV | Food | Food for needy families & individuals |
| Spokane Valley PartnersPO Box 141360 Spokane, WA 99214 | 91-1478830 | 501 (C) 3 | | 1,192,087 | FMV | Food | Food for needy families & individuals |
| Spokanimal Care710 N Napa St Spokane, WA 99202 | 91-1223929 | 501 (C) 3 | | 5,637 | FMV | Food | Food for needy families & individuals |
| St Ann's Sunday Lunch2521 E Diamond Spokane, WA 99217 | 91-1431253 | 501 (C) 3 | | 19,412 | FMV | Food | Food for needy families & individuals |
| St Margaret' Shelter101 E Harton St Spokane, WA 99202 | 91-0569880 | 501 (C) 3 | | 26,966 | FMV | Food | Food for needy families & individuals |
| St Maries Senior Meals711 A Jefferson St Maries,ID 83861 | 82-0445434 | 501 (C) 3 | | 16,782 | FMV | Food | Food for needy families & individuals |
| St Michael's Convent8502 N Saint Michaels Rd Spokane, WA 99217 | 91-1144162 | 501 (C) 3 | | 30,037 | FMV | Food | Food for needy families & individuals |
| St Peter Lutheran4620 N Regal Spokane, WA 99207 | 91-0859068 | 501 (C) 3 | | 28,574 | FMV | Food | Food for needy families & individuals |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| St Vincent Centers-Yakima 2629 Main Union Gap, WA 98903 | 36-5420114 | 501 (C) 3 | | 44,702 | FMV | Food | Food for needy families & individuals |
| St Vincent De Paul-CDA Women 201 E Harrison Coeur DAlene, ID 83814 | 82-0250389 | 501 (C) 3 | | 5,386 | FMV | Food | Food for needy families & individuals |
| St Vincent De Paul-Pasco 1120 W Sylvester Pasco, WA 99301 | 91-0726356 | 501 (C) 3 | | 1,284,691 | FMV | Food | Food for needy families & individuals |
| St Mary's Westside FB Alliance 2831 N 31st Ave Phoenix, AZ 85009 | 86-0282884 | 501 (C) 3 | | 436,469 | FMV | Food | Food for needy families & individuals |
| Sunray Court PO Box 4627 Spokane, WA 99202 | 91-1113010 | 501 (C) 3 | | 56,808 | FMV | Food | Food for needy families & individuals |
| Teen Challenge 2400 N Craig Rd Spokane, WA 99204 | 93-0844063 | 501 (C) 3 | | 85,175 | FMV | Food | Food for needy families & individuals |
| The Alter 901 E Best Ave Coeur DAlene, ID 83814 | 82-0463386 | 501 (C) 3 | | 96,463 | FMV | Food | Food for needy families & individuals |
| The Alter-Soup Kitchen 901 E Best Ave Coeur DAlene, ID 83814 | 82-0463386 | 501 (C) 3 | | 17,319 | FMV | Food | Food for needy families & individuals |
| The Center-Colville PO Box 639 Colville, WA 99114 | 94-3143251 | 501 (C) 3 | | 6,300 | FMV | Food | Food for needy families & individuals |
| The Center-Kettle Falls PO Box 418 Kettle Falls, WA 99141 | 94-3143251 | 501 (C) 3 | | 5,473 | FMV | Food | Food for needy families & individuals |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---------------------------------------|
| The City Gate Food Bank170 S Madison St Spokane,WA 99201 | 91-1407104 | 501 (C) 3 | | 162,908 | FMV | Food | Food for needy families & individuals |
| Three Squares4109 N Pecos Rd Las Vegas,NV 89115 | 30-0396918 | 501 (C) 3 | | 59,430 | FMV | Food | Food for needy families & individuals |
| Tri-Cities Food Bank321 Wellsian Way Richland,WA 993524116 | 91-1011971 | 501 (C) 3 | | 703,548 | FMV | Food | Food for needy families & individuals |
| Tri-City Food Bank-Benton City321 Wellsian Way Richland,WA 99352 | 91-1011971 | 501 (C) 3 | | 58,886 | FMV | Food | Food for needy families & individuals |
| Tri-City Food Bank-Kennewick321 Wellsian Way Richland,WA 99352 | 91-1011971 | 501 (C) 3 | | 573,876 | FMV | Food | Food for needy families & individuals |
| Trinity Home GroupPO Box 1861 Coeur DAlene,ID 83816 | 82-0379313 | 501 (C) 3 | | 8,840 | FMV | Food | Food for needy families & individuals |
| Tum Tum Food Bank6419 Short Drive Nine Mile Falls,WA 99026 | 20-1139516 | 501 (C) 3 | | 65,753 | FMV | Food | Food for needy families & individuals |
| Union Gosple Mission-SpokanePO Box 4066 Spokane,WA 99220 | 91-0613587 | 501 (C) 3 | | 411,765 | FMV | Food | Food for needy families & individuals |
| Union Gosple Mission-TC 112 N 2nd Pasco,WA 99301 | 91-0840528 | 501 (C) 3 | | 206,858 | FMV | Food | Food for needy families & individuals |
| Union Gospel Mission-Yakima1300 N 1st St Yakima,WA 98901 | 23-7050061 | 501 (C) 3 | | 412,654 | FMV | Food | Food for needy families & individuals |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| Upper County Community ChurchPO Box 33 Easton, WA 98925 | 91-1543937 | 501 (C) 3 | | 20,890 | FMV | Food | Food for needy families & individuals |
| Utah Food Bank1025 South 700 West Salt Lake City, UT 84104 | 87-0212453 | 501 (C) 3 | | 170,900 | FMV | Food | Food for needy families & individuals |
| Valley Food PantryPO Box 81 Valley, WA 99181 | 91-0978768 | 501 (C) 3 | | 109,223 | FMV | Food | Food for needy families & individuals |
| Valley Fourth Memorial Church2303 S Bowdish Rd Spokane Valley, WA 99206 | 91-0909410 | 501 (C) 3 | | 64,215 | FMV | Food | Food for needy families & individuals |
| Veterans Standdown-CDA1211 W Ironwood Dr STE 200 Coeur D'Alene, ID 83814 | 82-0250389 | 501 (C) 3 | | 75,544 | FMV | Food | Food for needy families & individuals |
| Vineyard Christian Fellowship184 Degrief Rd Colville, WA 99114 | 91-1852254 | 501 (C) 3 | | 38,469 | FMV | Food | Food for needy families & individuals |
| Volunteer Food Resource Center210 S Wynne Colville, WA 99114 | 91-1192094 | 501 (C) 3 | | 56,340 | FMV | Food | Food for needy families & individuals |
| WHE NetworkPO Box 19039 Spokane, WA 99219 | 26-0813614 | 501 (C) 3 | | 14,490 | FMV | Food | Food for needy families & individuals |
| Washington George Action Program1250 E Steubren St Bingen, WA 98605 | 91-0793062 | 501 (C) 3 | | 173,376 | FMV | Food | Food for needy families & individuals |
| Wenatchee Food Distribution Center620 Lewis St Wenatchee, WA 98801 | 91-6064514 | 501 (C) 3 | | 227,315 | FMV | Food | Food for needy families & individuals |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| West Bonner County Food BankPO Box 1088 Priest River,ID 83856 | 82-0396439 | 501 (C) 3 | | 25,180 | FMV | Food | Food for needy families & individuals |
| West End Food Bank6396 Road 61 Fruitvale,WA 99129 | 44-0577787 | 501 (C) 3 | | 11,762 | FMV | Food | Food for needy families & individuals |
| West presbyterian Food Bank8910 E Dalton Spokane,WA 99212 | 91-6029960 | 501 (C) 3 | | 93,170 | FMV | Food | Food for needy families & individuals |
| Wilderness Ranch Food BankPO Box 729 Spirit Lake,ID 83869 | 84-1274838 | 501 (C) 3 | | 146,023 | FMV | Food | Food for needy families & individuals |
| Wilderness Ranch MinistriesPO Box 729 Spirit Lake,ID 83869 | 84-1274838 | 501 (C) 3 | | 9,255 | FMV | Food | Food for needy families & individuals |
| Women's and Children's Free Restauant1620 N Monroe Ave Spokane,WA 99205 | 91-1399742 | 501 (C) 3 | | 246,061 | FMV | Food | Food for needy families & individuals |
| Women's Hearth920 W 2nd Ave Spokane,WA 99201 | 91-1307272 | 501 (C) 3 | | 41,511 | FMV | Food | Food for needy families & individuals |
| Yakima Tribal ProgramPO Box 151 Toppenish,WA 98948 | 91-0576806 | 501 (C) 3 | | 235,877 | FMV | Food | Food for needy families & individuals |

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization
Second Harvest Food Bank of the Inland Northwest

Employer identification number
23-7173826

Part I

Types of Property

| | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|----------------------------------|--------------------------------|--|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 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 | 8,358 | 27,809,965 | Estimated FMV |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► () | | | | |
| 26 Other ► () | | | | |
| 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 Acknowledgement29

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?

30a

Yes

No

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?

31

Yes

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

32a

Yes

b If "Yes," describe in Part II

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

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

Cat No 51227J

Schedule M (Form 990) 2009

Part II

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

| Identifier | Return Reference | Explanation |
|-----------------|------------------|---|
| Third Party Use | Part I, Line 32b | Second Harvest has hired three contract food service field representatives that work part-time to secure food donations from various industry leaders |

SCHEDULE O

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Second Harvest Food Bank of the Inland Northwest

Employer identification number

23-7173826

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section B, line 11 | | The Form 990 is review ed by both the Chief Financial Officer and the Executive Director A copy of the Form 990 is also given to the Board of Directors for their review before it is filed w ith the IRS |

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| Form 990, Part VI, Section B, line 12c | | Board members are presented with the conflict of interest statement during the board member orientation process and this statement must be signed upon election to the board. All board members must sign a new conflict of interest statement annually at the September board meeting. The Second Harvest Employee Handbook includes a conflict of interest section, which is reviewed upon employment and is signed by the employee. The leadership team of Second Harvest also signs an annual conflict of interest statement. Both policies are monitored by the Organization's leadership on an ongoing basis. |

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| Form 990, Part VI, Section B, line 15 | | The Executive Committee reviewed and approved the compensation of the Executive Director and other top management positions. The Executive Committee consists of key members from the board of directors. The Executive Committee referenced the executive compensation work done by our national partner, Feeding America. The Feeding America process was developed as a best-in-class executive compensation process and it served as an excellent source of comparable data for the Executive Director and other top management salaries. The Executive Committee documented their discussions and decisions. A summary of their process and decisions was presented to the full Board of Directors for discussion and approval. |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section C, line 18 | | A copy of Second Harvest's Form 990 is made available on the Organization's website at www 2-harvest.org The Form 990 is also available on Guidestar and upon request |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section C, line 19 | | Second Harvest's audited financial statements are available on Guidestar. The audited financial statements, governing and organizational documents are also available upon request. |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | Form 990, Part XI, Line 2c The Organization has a committee that assumes responsibility for oversight of the audit, no changes to the process have been made during the year |

