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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 <div> <div>2010</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011			
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	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) 1234 E Front Avenue	Room/suite	G Gross receipts \$ 35,361,990
	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		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: ▶ 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 ▶		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	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	61	
	6 Total number of volunteers (estimate if necessary)	6	2,600	
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0	
b Net unrelated business taxable income from Form 990-T, line 34		7b	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	31,667,374	34,895,702
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,138	9,030
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	220,363	412,967
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,905,875	35,317,699
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,679,801	31,133,199
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,952,580	2,139,246
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 314,619		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,489,920	1,594,065
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	32,122,301	34,866,510
	19	Revenue less expenses Subtract line 18 from line 12	-216,426	451,189
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	5,341,846	5,745,465
21		Total liabilities (Part X, line 26)	141,760	91,743
22		Net assets or fund balances Subtract line 21 from line 20	5,200,086	5,653,722

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	<div>*****</div> <div>Signature of officer</div> <div>2012-03-02</div> <div>Date</div> <div>Jennifer Milnes Chief Financial Officer</div> <div>Type or print name and title</div>
Paid Preparer Use Only	<div>Print/Type preparer's name Chen R Burnham CPA</div> <div>Preparer's signature Chen R Burnham CPA</div> <div>Date</div> <div>Check if self-employed <input checked="" type="checkbox"/></div> <div>PTIN</div>
	<div>Firm's name <input type="checkbox"/> Moss Adams LLP</div> <div>Firm's EIN <input type="checkbox"/></div>
	<div>Firm's address <input type="checkbox"/> 601 W Riverside Suite 1800</div> <div>Spokane, WA 992010629</div> <div>Phone no <input type="checkbox"/> (509) 747-2600</div>
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

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

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?

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

Yes

No

3

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

If “Yes,” describe these changes on Schedule O

Yes

No

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 \$ 31,852,900 including grants of \$ 28,929,667) (Revenue \$ 263,811)

Warehousing Second Harvest has been the hub for charitable food distribution in the Inland Northwest for more than 40 years Second Harvest provides more than 1 6 million pounds of fresh produce, dairy products, meat, canned goods and other food every month that helps hungry families and seniors living in 21 Eastern Washington and five North Idaho counties The food feeds a diverse group of children and adults who have been impacted by job losses, wage reductions, illnesses, disabilities and other challenges and are at risk of hunger and malnutrition Second Harvest leverages community contributions to pick up large truckloads of donated food Volunteers sort and repackage bulk food donations that are distributed to 250 partner nonprofits operating food pantries and meal programs serving about 194,000 people annually Second Harvest also operates targeted hunger-relief programs including Mobile Food Bank, Kids Cafe, which provides healthy snacks and nutrition education to disadvantaged children and teens, School Pantry, which provides monthly food boxes to youngsters from high-need schools, Brown Bag, which provides a monthly bag of food for homebound elderly and disabled people and other programs

4b

(Code) (Expenses \$ 2,050,638 including grants of \$ 1,874,928) (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 \$ 418,712 including grants of \$ 328,604) (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)

(Expenses \$ including grants of \$) (Revenue \$)

4e


















Total program service expenses

\$ 34,322,250

Form 990 (2010)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV.</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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions)</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? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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				
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	5	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
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.	2a	61	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		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?				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 14		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? <i>If “No,” go to line 13</i>	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Rob Daugherty Board Chair	2 00	X		X				0	0	0
(2) Rick Beebe Secretary/Treasurer	2 00	X		X				0	0	0
(3) Pam DeCounter Chair Elect	2 00	X		X				0	0	0
(4) Jim Barry Board Member	50	X						0	0	0
(5) Patrick Cerutti Board Member	50	X						0	0	0
(6) Mike Dunford Board Member	50	X						0	0	0
(7) Mike Feiler Board Member	50	X						0	0	0
(8) Joanna Harrington Board Member	50	X						0	0	0
(9) Steve Herbison Board Member	50	X						0	0	0
(10) Colleen McMahan Board Member	50	X						0	0	0
(11) Dean Sonnenberg Board Member	50	X						0	0	0
(12) Brendan Wiechert Board Member	50	X						0	0	0
(13) Kevin Rasler Board Member	50	X						0	0	0
(14) Gary Singer Board Member	50	X						0	0	0
(15) Jason Clark President & CEO	40 00			X				115,034	0	27,131
(16) Jennifer L Milnes Chief Financial Officer	40 00			X				69,620	0	14,358

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Rod Wieber Chief Resource Officer	40 00			X				58,181	0	13,667
(18) Dawn Yarnell Chief Operating Officer	40 00			X				56,922	0	16,879
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								299,757	0	72,035

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▶1

		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>	3	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>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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	459,686		
	c	Fundraising events	1c	13,760		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	2,992,248		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	31,430,008		
	g	Noncash contributions included in lines 1a-1f \$		30,576,283		
	h	Total. Add lines 1a-1f		34,895,702		
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)		9,030	
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 \$ 13,760 of contributions reported on line 1c) See Part IV, line 18	a	193,447		
b		Less direct expenses	b	44,291		
c		Net income or (loss) from fundraising events . . .		149,156		149,156
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	Misc Reimbursements	900099	263,811	263,811		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		263,811			
12	Total revenue. See Instructions		35,317,699	263,811	0	158,186

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	27,385,435	27,385,435		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	3,747,764	3,747,764		
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	371,243	284,685	48,167	38,391
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	1,249,827	1,193,133	6,767	49,927
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	68,335	67,561	323	451
9	Other employee benefits	258,707	249,410	1,708	7,589
10	Payroll taxes	191,134	180,923	2,792	7,419
a	Fees for services (non-employees) Management				
b	Legal	2,128		2,128	
c	Accounting	23,215	21,673	1,542	
d	Lobbying	17,500		17,500	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	60,150	7,473	48,277	4,400
12	Advertising and promotion	17,955			17,955
13	Office expenses	188,398	108,595	27,089	52,714
14	Information technology	26,019	9,308	13,281	3,430
15	Royalties				
16	Occupancy	184,839	157,887	8,412	18,540
17	Travel	23,018	21,974	1,044	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,682	230	14,452	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	212,676	199,915	12,761	
23	Insurance	41,718	39,130	2,588	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Freight & Fleet Gas	246,928	246,928		
b	Value Added Purchases	230,786	230,786		
c	Equipment Rent & Maint	113,755	103,999	691	9,065
d	Printing & Publications	100,842	8,576	5,609	86,657
e	Agency Reimbursements	47,738	32,185	0	15,553
f	All other expenses	41,718	24,680	14,510	2,528
25	Total functional expenses. Add lines 1 through 24f	34,866,510	34,322,250	229,641	314,619
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			243,825	1	547,159
	2	Savings and temporary cash investments			834,986	2	677,194
	3	Pledges and grants receivable, net			64,680	3	547,520
	4	Accounts receivable, net			43,176	4	59,238
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			1,951,657	8	1,603,620
	9	Prepaid expenses and deferred charges			900	9	26,052
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	4,303,555			
	b	Less: accumulated depreciation	10b	2,424,046	1,882,956	10c	1,879,509
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			319,666	12	405,173
	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)			5,341,846	16	5,745,465	
Liabilities	17	Accounts payable and accrued expenses			141,760	17	91,743
	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			141,760	26	91,743
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			5,046,703	27	5,078,952
	28	Temporarily restricted net assets			71,949	28	493,336
	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			5,200,086	33	5,653,722
34	Total liabilities and net assets/fund balances			5,341,846	34	5,745,465	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,317,699
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,866,510
3	Revenue less expenses Subtract line 2 from line 1	3	451,189
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,200,086
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,447
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,653,722

Part XII Financial Statements and Reporting

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

		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 separate basis, consolidated 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

2010

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 described in **section 170(b)(1)(A)(i).**

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	21,602,913	22,435,081	26,141,418	31,667,374	34,895,702	136,742,488
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	21,602,913	22,435,081	26,141,418	31,667,374	34,895,702	136,742,488
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						136,742,488

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	21,602,913	22,435,081	26,141,418	31,667,374	34,895,702	136,742,488
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,455	17,094	16,338	18,138	9,030	84,055
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	14,921	7,660	14,227	36,057	263,811	336,676
11 Total support (Add lines 7 through 10)						137,163,219
12 Gross receipts from related activities, etc (See instructions)					12	1,005,465
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 2010 (line 6 column (f) divided by line 11 column (f))	14	99.690 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	99.850 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

2010

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

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

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

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) 2007	(b) 2008	(c) 2009	(d) 2010	(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		17,500
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			17,500
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Explanation of Other Lobbying Activities	Part II-B, Line 1i	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)

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

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

b

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

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

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

2

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

a

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

b

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

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

Cat No 52283D

Schedule D (Form 990) 2010

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	81,434	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	81,434		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶ 0 %

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)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		175,500		175,500
b Buildings		1,925,598	869,507	1,056,091
c Leasehold improvements				
d Equipment		1,392,075	929,126	462,949
e Other		810,382	625,413	184,969
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,879,509

Schedule D (Form 990) 2010

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)	1	35,317,699
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	34,866,510
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	451,189
4	Net unrealized gains (losses) on investments	4	2,447
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	2,447
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	453,636

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	35,380,711
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,447
b	Donated services and use of facilities	2b	16,274
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	44,291
e	Add lines 2a through 2d	2e	63,012
3	Subtract line 2e from line 1	3	35,317,699
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	35,317,699

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	34,927,075
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	16,274
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	44,291
e	Add lines 2a through 2d	2e	60,565
3	Subtract line 2e from line 1	3	34,866,510
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	34,866,510

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
Description of Intended Use of Endowment Funds	Part V, Line 4	The Organization intends to use the interest income on the fund to cover current operations
Description of Uncertain Tax Positions Under FIN 48	Part X	The Organization is exempt from federal income tax under Section 501(c)(3) of the IRC except to the extent of unrelated business taxable income as defined under IRC sections 511 through 515. The Organization adopted the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, Income Taxes, relating to accounting for uncertain tax positions on July 1, 2009, which had no financial statement impact to the Organization. The Organization recognizes the tax benefit from uncertain tax positions only if it is more likely than not the tax positions will be sustained on examination by the tax authorities, based on the technical merits of the position. The tax benefit is measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The Organization recognizes interest and penalties related to income tax matters in operating expenses. The Organization had no unrecognized tax benefits at June 30, 2011 and 2010. No interest or penalties were accrued upon adoption or for the years ended June 30, 2011 and 2010. The Organization files an exempt organization return in the U.S. federal jurisdiction and with the Washington charities division. The Organization is no longer subject to income tax examinations by taxing authorities for years before 2007 for its federal and state filings.
Part XII, Line 2d - Other Adjustments		Fundraising Expenses 44,291
Part XII, Line 4b - Other Adjustments		Fundraising Expenses
Part XIII, Line 2d - Other Adjustments		Fundraising Expenses 44,291

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
Second Harvest Food Bank of 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.

- 1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 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 services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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 Spokane	Taking a Bite out of Hunger Tri Cit	(total number)	(Add col (a) through col (c))
			(event type)	(event type)		
	1	Gross receipts	159,569	47,638		207,207
	2	Less Charitable contributions	11,795	1,965		13,760
Direct Expenses	3	Gross income (line 1 minus line 2)	147,774	45,673		193,447
	4	Cash prizes				
	5	Non-cash prizes . . .	2,286	80		2,366
	6	Rent/facility costs . . .	7,200	5,440		12,640
	7	Food and beverages . . .				
	8	Entertainment		600		600
	9	Other direct expenses .	27,959	726		28,685
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				44,291
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				149,156

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 and 7 in column (d) ▶				

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name

Address

15a

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

Yes

No

b

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

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

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

Yes

No

b

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

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

2010

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

1 (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							

2

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

205

3

Enter total number of other organizations

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Food for needy families & individuals of which none received more than \$5,000	146973	0	3,747,764	FMV	Food

Part IV

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Second Harvest provides assistance to other organizations in the U S by providing them with food for distribution to needy individuals and families All organizations that receive food from Second Harvest are monitored at least once every two years for food safety and compliance with contract regulations
Other Information	Part IV	Schedule I Part III, Column (b) The number of individuals served is an estimate that is based on the client sign in logs for the mobile food banks conducted during the fiscal year and the estimated program levels per month for the Kid's Cafe programs

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
AMERICAN INDIAN CENTER801 E 2nd Ave Suite 10 Spokane, WA 99202	91-0822523	501(c)3	0	443,922	FMV	Food	Food to distribute to needy families and individuals
BETTER LIVING CENTERPO Box 48124 Spokane, WA 99228	91-1523400	501(c)3	0	472,902	FMV	Food	Food to distribute to needy families and individuals
CARITAS OUTREACH MINISTRIES2919 N Monroe Spokane, WA 99205	91-1569891	501(c)3	0	35,410	FMV	Food	Food to distribute to needy families and individuals
CHENEY FOOD BANKPO Box 614 Cheney, WA 99004	91-1171888	501(c)3	0	40,145	FMV	Food	Food to distribute to needy families and individuals
THE CITY GATE FOOD BANK170 S Madison St Spokane, WA 99201	91-1407104	501(c)3	0	96,384	FMV	Food	Food to distribute to needy families and individuals
GREENHOUSE FOOD BANK PO Box 280 Deer Park, WA 99006	02-0797827	501(c)3	0	521,335	FMV	Food	Food to distribute to needy families and individuals
SOUTHSIDE FOOD PANTRY 2934 E 27th Avenue Spokane, WA 99223	91-2153486	501(c)3	0	624,061	FMV	Food	Food to distribute to needy families and individuals
MEAD FOOD BANK2105 E Carlson Ct Spokane, WA 99208	91-2041726	501(c)3	0	254,468	FMV	Food	Food to distribute to needy families and individuals
MEDICAL LAKE FOOD BANKPO Box 461 Medical Lake, WA 99022	94-3123923	501(c)3	0	254,567	FMV	Food	Food to distribute to needy families and individuals
NORTH COUNTY FOOD PANTRYPO Box 388 Elk, WA 99009	94-3167688	501(c)3	0	289,849	FMV	Food	Food to distribute to needy families and individuals
NORTHEAST PANTRY4001 N Cook Spokane, WA 99207	91-1311127	501(c)3	0	207,747	FMV	Food	Food to distribute to needy families and individuals
NORTHWEST ECUMENICAL FB3908 N Driscoll Blvd Spokane, WA 99205	91-0636511	501(c)3	0	65,095	FMV	Food	Food to distribute to needy families and individuals

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OTIS ORCHARDS FOOD BANKPO Box 0189 Otis Orchards,WA 99027	91-1349542	501(c)3	0	63,268	FMV	Food	Food to distribute to needy families and individuals
OUR PLACE1509 W College Avenue Spokane,WA 99201	91-1384287	501(c)3	0	281,960	FMV	Food	Food to distribute to needy families and individuals
SALVATION ARMY FOOD BANKPO Box 9108 Spokane,WA 99209	91-0565002	501(c)3	0	1,311,963	FMV	Food	Food to distribute to needy families and individuals
SPANGLE FOOD BANKPO Box 203 Spangle,WA 99031	91-0991209	501(c)3	0	33,732	FMV	Food	Food to distribute to needy families and individuals
SPOKANE VALLEY PARTNERSPO Box 141360 Spokane,WA 99214	91-1478830	501(c)3	0	1,162,895	FMV	Food	Food to distribute to needy families and individuals
WEST PRESBYTERIAN FB 8910 E Dalton Spokane,WA 99212	91-6029960	501(c)3	0	68,007	FMV	Food	Food to distribute to needy families and individuals
EAST CENTRAL FOOD BANK500 S Stone Spokane,WA 99202	91-1143596	501(c)3	0	293,298	FMV	Food	Food to distribute to needy families and individuals
AIRWAY HEIGHTS BAPTIST CHURCH12322 W Sunset HWY Airway Heights,WA 99001	91-1229630	501(c)3	0	248,407	FMV	Food	Food to distribute to needy families and individuals
SPOKANE AIDS NETWORK 905 S Monroe St Spokane,WA 99204	91-1380583	501(c)3	0	23,875	FMV	Food	Food to distribute to needy families and individuals
SPOKANE FALLS CC FOOD BANK3410 W Fort George Wright Dr Spokane,WA 992245288	91-0824678	501(c)3	0	38,167	FMV	Food	Food to distribute to needy families and individuals
SPOKANE COMMUNITY COLLEGE FB1810 N Greene St Spokane,WA 99217	91-0824678	501(c)3	0	28,058	FMV	Food	Food to distribute to needy families and individuals
ADDY RESCUE MISSION FB PO Box 38 Addy,WA 99101	91-1394575	501(c)3	0	31,439	FMV	Food	Food to distribute to needy families and individuals

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COMMUNITY ACTION PARTNERCDA4144 W Industrial Loop Coeur D Alene, ID 83815	82-0263863	501(c)3	0	928,103	FMV	Food	Food to distribute to needy families and individuals
COLUMBIA HEIGHTS FBPO Box 130 Hunters, WA 99137	81-0662710	501(c)3	0	6,071	FMV	Food	Food to distribute to needy families and individuals
LOON LAKE FOOD BANK & RESOURCEPO Box 64 Loon Lake, WA 99148	91-1236018	501(c)3	0	384,433	FMV	Food	Food to distribute to needy families and individuals
NEWPORT FOOD BANKPO Box 1952 Newport, WA 99156	91-1637970	501(c)3	0	37,020	FMV	Food	Food to distribute to needy families and individuals
POST FALLS FOOD BANK CO Caps LLC296 W Sunset Ave Suite 16A Coeur D Alene, ID 83815	82-0424551	501(c)3	0	741,927	FMV	Food	Food to distribute to needy families and individuals
SPIRIT LAKE FOOD BANK PO Box 432 Spirit Lake, ID 83869	82-0425234	501(c)3	0	15,214	FMV	Food	Food to distribute to needy families and individuals
WEST BONNER COUNTY FB PO Box 1088 Priest River, ID 83856	82-0396439	501(c)3	0	23,996	FMV	Food	Food to distribute to needy families and individuals
WEST END FOOD BANK 6396 Road 61 Fruitland, WA 99129	44-0577787	501(c)3	0	29,995	FMV	Food	Food to distribute to needy families and individuals
ABC FOOD BANKPO Box 416 Athol, ID 83801	82-0521072	501(c)3	0	48,040	FMV	Food	Food to distribute to needy families and individuals
COMMUNITY ACTION CTR PULLMAN350 SE Fairmont Rd Pullman, WA 991635500	94-3080214	501(c)3	0	73,112	FMV	Food	Food to distribute to needy families and individuals
FORD FOOD PANTRYPO Box 184 Ford, WA 99013	91-1367180	501(c)3	0	35,410	FMV	Food	Food to distribute to needy families and individuals
BONNER COMMUNITY FOOD CENTER1707 Culvers Dr Sandpoint, ID 83864	82-0385747	501(c)3	0	337,433	FMV	Food	Food to distribute to needy families and individuals

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COUNCIL ON AGINGPO Box 107 Colfax, WA 99111	91-0964790	501(c)3	0	220,482	FMV	Food	Food to distribute to needy families and individuals
CUSICK FOOD BANKPO Box 126 Cusick, WA 99119	91-1102635	501(c)3	0	62,671	FMV	Food	Food to distribute to needy families and individuals
BASIN CITY HELP SERVICES101 Canal Drive Mesa, WA 99343	91-1544022	501(c)3	0	10,714	FMV	Food	Food to distribute to needy families and individuals
FISH FOOD BANKPO Box 85 Ellensburg, WA 98926	91-1059920	501(c)3	0	261,187	FMV	Food	Food to distribute to needy families and individuals
OKANOGAN CACPO Box 1067 Okanogan, WA 98840	91-0814162	501(c)3	0	355,817	FMV	Food	Food to distribute to needy families and individuals
TRI-CITIES FOOD BANK 321 Wellsian Way Richland, WA 993524116	91-1011971	501(c)3	0	1,029,923	FMV	Food	Food to distribute to needy families and individuals
SALVATION ARMY-PASCO PO Box 510 Pasco, WA 99301	91-0565002	501(c)3	0	17,513	FMV	Food	Food to distribute to needy families and individuals
GOLDEN AGE FOOD SHARE PO Box 4467 Pasco, WA 99301	31-1515790	501(c)3	0	599,681	FMV	Food	Food to distribute to needy families and individuals
MOSES LAKE FOOD BANK PO Box 683 Moses Lake, WA 98837	91-0814451	501(c)3	0	99,870	FMV	Food	Food to distribute to needy families and individuals
QUINCY FOOD BANKPO Box 413 Quincy, WA 98848	91-1612682	501(c)3	0	366,246	FMV	Food	Food to distribute to needy families and individuals
ST VINCENT CENTERS-YAKIMA2629 Main Union Gap, WA 98903	36-5420114	501(c)3	0	142,908	FMV	Food	Food to distribute to needy families and individuals
SALVATION ARMY-YAKIMAPO Box 2782 Yakima, WA 98907	91-0565002	501(c)3	0	239,900	FMV	Food	Food to distribute to needy families and individuals

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SELAH BIBLE BAPTIST FB PO Box 1089 Selah,WA 98942	91-6034558	501(c)3	0	12,035	FMV	Food	Food to distribute to needy families and individuals
CARE AND SHARE FOOD BANKPO Box 217 Davenport,WA 99122	91-1228920	501(c)3	0	16,005	FMV	Food	Food to distribute to needy families and individuals
CONNELL FOOD BANKPO Box 745 Connell,WA 99326	91-1322596	501(c)3	0	89,245	FMV	Food	Food to distribute to needy families and individuals
VINEYARD CHRISTIAN FLLWSHP184 Degrief Rd Colville,WA 99114	91-1852254	501(c)3	0	29,410	FMV	Food	Food to distribute to needy families and individuals
SEVENTH DAY ADV-GRANDVIEWPO Box 1409 Prosser,WA 99350	91-1230404	501(c)3	0	385,910	FMV	Food	Food to distribute to needy families and individuals
WILDERNESS RANCH FBPO Box 729 Spirit Lake,ID 83869	84-1274838	501(c)3	0	156,329	FMV	Food	Food to distribute to needy families and individuals
ST VINCENT DE PAUL-PASCO1120 W Sylvester Pasco,WA 99301	91-0726356	501(c)3	0	1,446,420	FMV	Food	Food to distribute to needy families and individuals
OIC-YAKIMA VALLEY815 Fruitvale Blvd Yakima,WA 98902	91-0873024	501(c)3	0	261,994	FMV	Food	Food to distribute to needy families and individuals
CASCADE BLUE MOUNTAIN FOOD SHARE 360 S 2nd Walla Walla,WA 99362	91-1387625	501(c)3	0	107,881	FMV	Food	Food to distribute to needy families and individuals
KAHLOTUS UNITED METHODISTPO Box 502 Kahlotus,WA 99335	42-1723132	501(c)3	0	8,936	FMV	Food	Food to distribute to needy families and individuals
HOPE SOURCE700 E Mountain View STE 501 Ellensburg,WA 98926	91-0814544	501(c)3	0	45,818	FMV	Food	Food to distribute to needy families and individuals
HARVEST OUTREACH1350 S Rainier Kennewick,WA 99337	91-1184020	501(c)3	0	410,327	FMV	Food	Food to distribute to needy families and individuals

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ROYAL CITY FOOD BANK 17619 Road 13 SW Royal City,WA 99357	91-1910402	501(c)3	0	82,378	FMV	Food	Food to distribute to needy families and individuals
REAL LIFE MINISTRIES PANTRY 1866 Cecil Post Falls,ID 83854	82-0505302	501(c)3	0	141,081	FMV	Food	Food to distribute to needy families and individuals
VALLEY FOOD PANTRY PO Box 81 Valley,WA 99181	91-0978768	501(c)3	0	114,049	FMV	Food	Food to distribute to needy families and individuals
PRIEST LAKE FOOD PANTRY 5215 Gleason Mcabefalls Rd Priest Lake,ID 83856	82-0532708	501(c)3	0	34,868	FMV	Food	Food to distribute to needy families and individuals
CALVARY BAPTIST CHURCH 203 E Third Avenue Spokane,WA 99202	91-1266124	501(c)3	0	46,460	FMV	Food	Food to distribute to needy families and individuals
CLARK FORK FOOD BANK PO Box 176 Clark Fork,ID 83811	82-0440369	501(c)3	0	34,521	FMV	Food	Food to distribute to needy families and individuals
CHEWELAH FOOD BANK PO Box 628 Chewelah,WA 99109	91-1084840	501(c)3	0	86,489	FMV	Food	Food to distribute to needy families and individuals
THE CENTER- COLVILLE PO Box 639 Colville,WA 99114	94-3143251	501(c)3	0	15,208	FMV	Food	Food to distribute to needy families and individuals
WHE NETWORK PO Box 19039 Spokane,WA 99219	26-0813614	501(c)3	0	54,548	FMV	Food	Food to distribute to needy families and individuals
TUM TUM FOOD BANK 6419 Short Drive Nine Mile Falls,WA 99026	20-1139516	501(c)3	0	97,118	FMV	Food	Food to distribute to needy families and individuals
RATHDRUM FOOD BANK 8027 W Main Rathdrum,ID 83858	82-0415811	501(c)3	0	15,820	FMV	Food	Food to distribute to needy families and individuals
UTAH FOOD BANK 1025 South 700 West Salt Lake City,UT 84014	87-0212453	501(c)3	0	190,440	FMV	Food	Food to distribute to needy families and individuals

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ALL NATIONS CHRISTIAN CENTERPO Box 217 Spokane, WA 99210	91-0820348	501(c)3	0	14,273	FMV	Food	Food to distribute to needy families and individuals
PRIEST RIVER FOOD BANK 921 N 5th Avenue Sandpoint,ID 83864	83-0385747	501(c)3	0	49,249	FMV	Food	Food to distribute to needy families and individuals
LAKE CITY COMMUNITY CHURCH6000 N Ramsey Road Coeur D Alene,ID 83815	82-0537455	501(c)3	0	279,420	FMV	Food	Food to distribute to needy families and individuals
NEW HOPE RANCH622 East Caroline Court Spokane, WA 99218	91-1630914	501(c)3	0	262,202	FMV	Food	Food to distribute to needy families and individuals
VOLUNTEER FOOD RESOURCE CENTER210 S Wynne Colville, WA 99114	91-1192094	501(c)3	0	162,607	FMV	Food	Food to distribute to needy families and individuals
NORTH PALOUSE COMMUNITY FBPO Box 462 Fairfield, WA 99012	20-3803508	501(c)3	0	32,138	FMV	Food	Food to distribute to needy families and individuals
McKINLEY INDIAN MISSIONNPO Box 470 Toppenish, WA 98948	16-1778694	501(c)3	0	68,180	FMV	Food	Food to distribute to needy families and individuals
THE ALTAR901 E Best Avenue Coeur D Alene, ID 83814	82-0463386	501(c)3	0	83,321	FMV	Food	Food to distribute to needy families and individuals
OPEN HEART BAPTISTPO Box 819 Selah, WA 98942	05-0631752	501(c)3	0	16,804	FMV	Food	Food to distribute to needy families and individuals
NEW HOPE COMMUNITY CHURCH731 Columbia Center Blvd Kennewick, WA 99336	91-1421416	501(c)3	0	10,314	FMV	Food	Food to distribute to needy families and individuals
TRI-CITY FOOD BANK-KENNEWICK321 Wellsian Way Richland, WA 99352	91-1011971	501(c)3	0	935,367	FMV	Food	Food to distribute to needy families and individuals
TRI-CITIES FOOD BANK-BENTON321 Wellsian Way Richland, WA 99352	91-1011971	501(c)3	0	140,336	FMV	Food	Food to distribute to needy families and individuals

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CHRISTIAN LIFE FELLOWSHIP1067 C Street Plummer,ID 83851	82-6010023	501(c)3	0	105,253	FMV	Food	Food to distribute to needy families and individuals
SHOSHONE COUNTY FOOD BANKPO Box 85 Kellogg,ID 83837	82-0263863	501(c)3	0	91,904	FMV	Food	Food to distribute to needy families and individuals
COMMUNITY ACTION PARTNERBFPO Box 627 Bonners Ferry,ID 83805	82-0263863	501(c)3	0	17,450	FMV	Food	Food to distribute to needy families and individuals
SILVER VALLEY WORSHIP CENTERPO Box 196 Smelterville,ID 83868	82-0515102	501(c)3	0	227,253	FMV	Food	Food to distribute to needy families and individuals
SEVENTH DAY ADVENTIST-PASCOPO Box 2070 Pasco,WA 99302	91-1060609	501(c)3	0	65,526	FMV	Food	Food to distribute to needy families and individuals
ASOTIN COUNTY FOOD BANK1546 Maple Street Clarkston,WA 99403	82-0338109	501(c)3	0	711,474	FMV	Food	Food to distribute to needy families and individuals
EAST VALLEY BAPTIST CHURCH14516 E Wellesley Avenue Spokane Valley,WA 99216	93-0466453	501(c)3	0	63,236	FMV	Food	Food to distribute to needy families and individuals
INLAND COMMUNITY OUTREACH6311 E Mt Spokane Park Dr Mead,WA 99021	23-7022217	501(c)3	0	76,403	FMV	Food	Food to distribute to needy families and individuals
LAKE CHELAN FOOD BANK PO Box 1058 Chelan,WA 98816	13-5562208	501(c)3	0	80,047	FMV	Food	Food to distribute to needy families and individuals
UPPER COUNTY COMMUNITY CHURCHPO Box 772 Easton,WA 98925	91-1543937	501(c)3	0	39,529	FMV	Food	Food to distribute to needy families and individuals
KETTLE FALLS COMMUNITY CHESTPO Box 1145 Kettle Falls,WA 99141	91-1328160	501(c)3	0	21,507	FMV	Food	Food to distribute to needy families and individuals
EMERGENCY FOOD BANK OF IONEPO Box 493 Ione,WA 99139	91-0615845	501(c)3	0	24,377	FMV	Food	Food to distribute to needy families and individuals

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HUNTERS FOOD BANKPO Box 24 Hunters, WA 99137	91-1285211	501(c)3	0	14,375	FMV	Food	Food to distribute to needy families and individuals
ORIENT FOOD LINCP O Box 232 Orient, WA 99160	26-4139251	501(c)3	0	16,633	FMV	Food	Food to distribute to needy families and individuals
WESLEYAN CHURCH PANTRY1302 13th Street 7 Clarkston, WA 99403	93-0588538	501(c)3	0	7,355	FMV	Food	Food to distribute to needy families and individuals
QUALITY BEHAVIORAL HEALTH900 7th Street Clarkston, WA 99403	91-1156943	501(c)3	0	8,599	FMV	Food	Food to distribute to needy families and individuals
PULLMAN FOOD BANKPO Box 521 Pullman, WA 99163	91-1548710	501(c)3	0	21,643	FMV	Food	Food to distribute to needy families and individuals
COMMUNITIES IN SCHOOLS - SPOKANE905 W Riverside Suite 314 Spokane, WA 99201	26-1581358	501(c)3	0	10,280	FMV	Food	Food to distribute to needy families and individuals
ASOTIN COUNTY BACKPACK PROGRAM1546 Maple Street Clarkston, WA 99403	82-0338109	501(c)3	0	18,933	FMV	Food	Food to distribute to needy families and individuals
COLVILLE TRIBE PROGRAM PO Box 150 Nespelem, WA 99155	91-0557683	501(c)3	0	295,894	FMV	Food	Food to distribute to needy families and individuals
SPOKANE INDIAN TRIBE PROGRAMPO Box 540 Wellpinit, WA 99040	91-0606339	501(c)3	0	23,683	FMV	Food	Food to distribute to needy families and individuals
YAKAMA TRIBAL PROGRAM PO Box 151 Toppenish, WA 98948	91-0576806	501(c)3	0	179,871	FMV	Food	Food to distribute to needy families and individuals
ASSOC FOR SACRED ENCOUNTERS CO Coeur D'Alene Tribe30900 S Cave Bay Road Worley, ID 83876	82-0255476	501(c)3	0	240,101	FMV	Food	Food to distribute to needy families and individuals
HARRINGTON FOOD BANK 204 N Third St Harrington, WA 99134	91-0956984	501(c)3	0	202,963	FMV	Food	Food to distribute to needy families and individuals

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ST PETER LUTHERAN4620 N Regal Spokane, WA 99207	91-0859068	501(c)3	0	22,899	FMV	Food	Food to distribute to needy families and individuals
MENDING FENCES FELLOWSHIP1906 E Sprague Ave Spokane, WA 99202	91-0995031	501(c)3	0	14,743	FMV	Food	Food to distribute to needy families and individuals
SERVE SPOKANE FOOD PANTRY202 E Lyons Spokane, WA 99208	20-4040980	501(c)3	0	51,784	FMV	Food	Food to distribute to needy families and individuals
DREAM CENTER RESOURCE CTRPO Box 14761 Spokane Valley, WA 99214	91-1225144	501(c)3	0	210,445	FMV	Food	Food to distribute to needy families and individuals
COMM ACTION PARTNERST MARIES416 Main Avenue St Maries, ID 83861	82-0263863	501(c)3	0	27,816	FMV	Food	Food to distribute to needy families and individuals
HELPLINEPO Box 776 Walla Walla, WA 99362	91-2148803	501(c)3	0	6,214	FMV	Food	Food to distribute to needy families and individuals
SALVATION ARMY - WALLA WALLAPO Box 1244 Walla Walla, WA 99362	91-0565002	501(c)3	0	6,214	FMV	Food	Food to distribute to needy families and individuals
ST VINCENT DE PAUL WALLA WALLA308 W Main Street Walla Walla, WA 99362	91-0617537	501(c)3	0	6,214	FMV	Food	Food to distribute to needy families and individuals
COMMUNITY FOOD BANK OF DAYTON635 Harlem Road Dayton, WA 99328	91-1240257	501(c)3	0	6,214	FMV	Food	Food to distribute to needy families and individuals
PANTRY SHELF OF WALLA WALLA325 S First Walla Walla, WA 99362	91-2143214	501(c)3	0	6,214	FMV	Food	Food to distribute to needy families and individuals
BLUE MOUNTAIN ACTION COUNCIL342 Catherine Walla Walla, WA 99362	91-0793597	501(c)3	0	413,780	FMV	Food	Food to distribute to needy families and individuals
WASHINGTON GORGE ACTION1250 E Steuben Street Bingen, WA 98605	91-0793062	501(c)3	0	119,802	FMV	Food	Food to distribute to needy families and individuals

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OL' MILL FOOD BANKPO Box 301 Klickitat, WA 98628	91-0793062	501(c)3	0	11,168	FMV	Food	Food to distribute to needy families and individuals
SKAMANIA BRANCH FOOD BANKPO Box 507 Stevenson, WA 98648	91-0793062	501(c)3	0	11,168	FMV	Food	Food to distribute to needy families and individuals
GOLDENDALE FOOD PANTRYPO Box 48 Goldendale, WA 98620	91-1086619	501(c)3	0	11,168	FMV	Food	Food to distribute to needy families and individuals
SEVENTH DAY ADVENTISTWSPO Box 1794 White Salmon, WA 98672	91-0441769	501(c)3	0	11,168	FMV	Food	Food to distribute to needy families and individuals
PEOPLES PANTRY OF REPUBLICPO Box 674 Republic, WA 99166	23-6393377	501(c)3	0	56,530	FMV	Food	Food to distribute to needy families and individuals
PEOPLES PANTRY of CURLEWPO Box 674 Republic, WA 99166	23-6393377	501(c)3	0	20,289	FMV	Food	Food to distribute to needy families and individuals
GARFIELD COUNTY FOOD BANK865 East Main Pomeroy, WA 99347	91-1657333	501(c)3	0	6,214	FMV	Food	Food to distribute to needy families and individuals
CHELAN DOUGLAS CAC 620 Lewis Street Wenatchee, WA 98801	91-6064514	501(c)3	0	174,190	FMV	Food	Food to distribute to needy families and individuals
RURAL RESOURCES956 S Main St Suite A Colville, WA 99114	91-0793447	501(c)3	0	278,293	FMV	Food	Food to distribute to needy families and individuals
TOPPENISH COMMUNITY CHESTPO Box 408 Toppenish, WA 98948	55-0845518	501(c)3	0	20,828	FMV	Food	Food to distribute to needy families and individuals
IDAHO YOUTH RANCHPO Box 1648 Coeur D Alene, ID 83814	82-0253346	501(c)3	0	7,825	FMV	Food	Food to distribute to needy families and individuals
LOVE OUTREACH4228 W Osage Way Spokane, WA 99208	91-1633017	501(c)3	0	11,899	FMV	Food	Food to distribute to needy families and 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
MIRYAM'S HOUSE OF TRANSITION1805 W 9th Ave Spokane, WA 99204	91-1307272	501(c)3	0	7,422	FMV	Food	Food to distribute to needy families and individuals
EXCELSIOR YOUTH CENTER3754 W Indian Trail Rd Spokane, WA 99208	91-1189908	501(c)3	0	22,934	FMV	Food	Food to distribute to needy families and individuals
ST ANN'S SUNDAY LUNCH2521 E Diamond Spokane, WA 99217	91-1431253	501(c)3	0	20,151	FMV	Food	Food to distribute to needy families and individuals
UNION GOSPEL MISSION - SPOKANEPO Box 4066 Spokane, WA 99220	91-0613587	501(c)3	0	362,077	FMV	Food	Food to distribute to needy families and individuals
VOA CROSSWALK525 W 2nd Ave Spokane, WA 99201	91-0577131	501(c)3	0	9,827	FMV	Food	Food to distribute to needy families and individuals
ELEANOR CHASE HOUSE427 W 7th Ave Spokane, WA 99204	91-0791552	501(c)3	0	16,971	FMV	Food	Food to distribute to needy families and individuals
NEW HOPE OUTREACH-DEER PARKPO Box 1081 Deer Park, WA 99006	91-1693818	501(c)3	0	20,234	FMV	Food	Food to distribute to needy families and individuals
WOMEN'S HEARTH920 W 2nd Ave Spokane, WA 99201	91-1307272	501(c)3	0	44,118	FMV	Food	Food to distribute to needy families and individuals
ISABELLA HOUSEPO Box 4627 Spokane, WA 99204	91-1113010	501(c)3	0	32,231	FMV	Food	Food to distribute to needy families and individuals
SUNRAY COURTPO Box 4627 Spokane, WA 99202	91-1113010	501(c)3	0	55,368	FMV	Food	Food to distribute to needy families and individuals
TRINITY GROUP HOMEPO Box 1861 Coeur D Alene, ID 83816	82-0379313	501(c)3	0	19,887	FMV	Food	Food to distribute to needy families and individuals
TEEN CHALLENGE2400 N Craig Rd Spokane, WA 99204	93-0844063	501(c)3	0	107,983	FMV	Food	Food to distribute to needy families and 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
BROWNSTONE WORK RELEASE223 S Browne St Spokane, WA 99201	91-0791552	501(c)3	0	72,333	FMV	Food	Food to distribute to needy families and individuals
SHALOM MINISTRIES518 W 3rd Ave Spokane, WA 99201	91-1878389	501(c)3	0	36,080	FMV	Food	Food to distribute to needy families and individuals
SPOKANE CUBHOUSEPO Box 2845 Spokane, WA 99220	91-1108762	501(c)3	0	25,764	FMV	Food	Food to distribute to needy families and individuals
WOMEN'S & CHILDREN'S FREE REST1620 N Monroe Ave Spokane, WA 99205	91-1399742	501(c)3	0	195,450	FMV	Food	Food to distribute to needy families and individuals
MID-CITY CONCERNS1222 W 2nd Ave Spokane, WA 992014606	91-0833015	501(c)3	0	68,593	FMV	Food	Food to distribute to needy families and individuals
COMMUNITY DETOX SERVICESPO Box 2845 Spokane, WA 99201	91-1140012	501(c)3	0	21,335	FMV	Food	Food to distribute to needy families and individuals
ST VINCENT DE PAUL-CDA 201 E Harrison Coeur D Alene, ID 83814	82-0250389	501(c)3	0	11,211	FMV	Food	Food to distribute to needy families and individuals
NATIVE PROJECT1803 W Maxwell Ave Spokane, WA 99204	91-1462366	501(c)3	0	9,027	FMV	Food	Food to distribute to needy families and individuals
HOUSE OF CHARITY32 W Pacific Spokane, WA 99201	91-0569880	501(c)3	0	56,963	FMV	Food	Food to distribute to needy families and individuals
ST MARGARET'S SHELTER 101 E Hartson St Spokane, WA 99202	91-0569880	501(c)3	0	24,409	FMV	Food	Food to distribute to needy families and individuals
KINDERHAVEN INCPO Box 2097 Sandpoint, ID 83864	82-0491527	501(c)3	0	35,809	FMV	Food	Food to distribute to needy families and individuals
FLYING H BOYS RANCH370 Carmack Ln Naches, WA 98937	20-2147292	501(c)3	0	47,272	FMV	Food	Food to distribute to needy families and 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
RICHARD ALLEN YTH ACADEMY645 Richard Allen Ct Spokane, WA 99202	91-1730560	501(c)3	0	5,657	FMV	Food	Food to distribute to needy families and individuals
JUBILEE YOUTH RANCH29 Jubilee Cir Prescott, WA 99348	51-0505773	501(c)3	0	61,508	FMV	Food	Food to distribute to needy families and individuals
UNION GOSPEL MISSION-YAKIMA1300 N 1st St Yakima, WA 98901	23-7050061	501(c)3	0	735,858	FMV	Food	Food to distribute to needy families and individuals
UNION GOSPEL MISSION-TC112 N 2nd Pasco, WA 99301	91-0840528	501(c)3	0	242,662	FMV	Food	Food to distribute to needy families and individuals
HOPE HOUSE525 W 2nd Ave Spokane, WA 99201	91-0577131	501(c)3	0	8,908	FMV	Food	Food to distribute to needy families and individuals
PEACEFUL VALLEY COMMUNITY214 N Cedar St Spokane, WA 99201	94-3060693	501(c)3	0	48,605	FMV	Food	Food to distribute to needy families and individuals
FAMILY RESOURCE CENTERPO Box 1130 Davenport, WA 99122	91-1411777	501(c)3	0	6,682	FMV	Food	Food to distribute to needy families and individuals
SPEAR MINISTRIESPO Box 4033 Spokane, WA 99202	26-2998013	501(c)3	0	19,033	FMV	Food	Food to distribute to needy families and individuals
DAYBREAK YOUTH SERVICES11711 E Sprague D4 Spokane, WA 99206	91-1083936	501(c)3	0	42,688	FMV	Food	Food to distribute to needy families and individuals
MORNING STAR BOYS RANCHPO Box 8087 Spokane, WA 99203	91-0664709	501(c)3	0	5,969	FMV	Food	Food to distribute to needy families and individuals
NEW HOPE FARMSPO Box 89 Goldendale, WA 98620	91-1039111	501(c)3	0	43,254	FMV	Food	Food to distribute to needy families and individuals
JESUS IS THE ANSWER CHURCH1803 E Desmet Ave Spokane, WA 99202	91-1889132	501(c)3	0	78,854	FMV	Food	Food to distribute to needy families and 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
ODYSSEY YOUTH CENTER 1121 S Perry Street Spokane,WA 99202	91-2045932	501(c)3	0	6,201	FMV	Food	Food to distribute to needy families and individuals
LIFE SERVICES MATERNITY HME 2659 N Ash St Spokane,WA 99205	91-1494402	501(c)3	0	22,704	FMV	Food	Food to distribute to needy families and individuals
CARROLL CHILDRENS CENTER 5301 Tieton Drive Suite C Yakima,WA 98908	91-0564959	501(c)3	0	12,314	FMV	Food	Food to distribute to needy families and individuals
MERRY GLEN SCHOOL 2917 N Cincinnati Spokane,WA 99207	91-0741659	501(c)3	0	36,552	FMV	Food	Food to distribute to needy families and individuals
ST MARIES SENIOR MEALS 711A Jefferson St Maries,ID 83861	82-0445434	501(c)3	0	73,965	FMV	Food	Food to distribute to needy families and individuals
DREAM CENTER PO Box 14761 Spokane,WA 99206	91-1225144	501(c)3	0	16,027	FMV	Food	Food to distribute to needy families and individuals
CAMP FIRE USA CAMP SWEYOLAKAN 524 N Mullan Road Spokane,WA 99206	13-1623921	501(c)3	0	13,710	FMV	Food	Food to distribute to needy families and individuals
GREAT COMMANDMENTS MINISTRIES PO Box 942 Naches,WA 98937	91-1660952	501(c)3	0	28,559	FMV	Food	Food to distribute to needy families and individuals
DC CENTRAL KITCHEN 19 I Street NW Washington,DC 20001	55-0825492	501(c)3	0	13,886	FMV	Food	Food to distribute to needy families and individuals
ALL SAINTS LUTHERAN 314 S Spruce Spokane,WA 99201	91-6017136	501(c)3	0	36,220	FMV	Food	Food to distribute to needy families and individuals
HOSPITALITY HOUSE MINISTRIES PO Box 2542 Wenatchee,WA 98807	91-1268801	501(c)3	0	181,707	FMV	Food	Food to distribute to needy families and individuals
SENIOR OPPORTUNITY & SERVICE 308 East Third Ave Moses Lake,WA 98837	91-0898265	501(c)3	0	138,822	FMV	Food	Food to distribute to needy families and 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
OUR PLACE NUTRITION EDUCATION1509 W College Avenue Spokane, WA 99201	91-1384287	501(c)3	0	16,414	FMV	Food	Food to distribute to needy families and individuals
WEST CENTRAL LIFE4908 N Elgin Spokane, WA 99205	91-1019013	501(c)3	0	11,633	FMV	Food	Food to distribute to needy families and individuals
HE GRITMAN SENIOR CENTERPO Box 523 Ritzville, WA 99169	91-0851380	501(c)3	0	11,081	FMV	Food	Food to distribute to needy families and individuals
AMERICAN RED CROSS315 W Nora Ave Spokane, WA 992054777	53-0196605	501(c)3	0	9,479	FMV	Food	Food to distribute to needy families and individuals
COPS NORTHEAST5208 N Market St Spokane, WA 99217	91-1629318	501(c)3	0	7,379	FMV	Food	Food to distribute to needy families and individuals
SPECIAL OLYMPICS-EAST PO Box 1640 Richland, WA 99352	91-0962383	501(c)3	0	6,603	FMV	Food	Food to distribute to needy families and individuals
ST MICHAEL'S CONVENT 8502 N Saint Michaels Rd Spokane, WA 99217	91-1144162	501(c)3	0	29,713	FMV	Food	Food to distribute to needy families and individuals
VETERANS STANDDOWN-CDA1221 W Ironwood Dr STE 200 Coeur D Alene, ID 83814	82-0250389	501(c)3	0	69,107	FMV	Food	Food to distribute to needy families and individuals
PRIEST RIVER ANIMAL RESCUEPO Box 1626 Priest River, ID 83856	43-1955620	501(c)3	0	15,548	FMV	Food	Food to distribute to needy families and individuals
SEVENTH DAY ADVENTIST-CDA111 E Locust Ave Coeur D Alene, ID 83814	23-7082211	501(c)3	0	21,920	FMV	Food	Food to distribute to needy families and individuals
PINEHURST REAL LIFE404 W Cameron Ave STE 101 Kellogg, ID 83854	82-0505302	501(c)3	0	30,268	FMV	Food	Food to distribute to needy families and individuals
VALLEY FOURTH MEMORIAL CHURCH2303 S Bowdish Road Spokane Valley, WA 99206	91-0909410	501(c)3	0	35,879	FMV	Food	Food to distribute to needy families and 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
SEVENTH DAY ADVENTIST-COLVILLE138 E Cedar Loop Colville,WA 99114	91-1502309	501(c)3	0	49,798	FMV	Food	Food to distribute to needy families and individuals
MEALS ON WHEELS - VALLEYPO Box 14278 Spokane Valley,WA 99214	91-1042546	501(c)3	0	38,049	FMV	Food	Food to distribute to needy families and individuals
LIND SENIOR CENTERPO Box 345 Lind,WA 99341	91-1472606	501(c)3	0	58,226	FMV	Food	Food to distribute to needy families and individuals
FEED CHENEY423 N 6th St Cheney,WA 99004	91-6033826	501(c)3	0	11,806	FMV	Food	Food to distribute to needy families and individuals
WOMEN'S RESOURCE CENTER20 Adams Street Wenatchee,WA 98801	91-1109429	501(c)3	0	6,999	FMV	Food	Food to distribute to needy families and individuals
MONTANA FOOD BANK5625 Expressway Missoula,MT 59808	81-0421243	501(c)3	0	119,271	FMV	Food	Food to distribute to needy families and individuals
FOOD LIFELINE1702 NE 150th St Shoreline,WA 981557226	91-1090450	501(c)3	0	183,047	FMV	Food	Food to distribute to needy families and individuals
IDAHO FOOD BANK3562 TK Ave Boise,ID 83705	82-0425400	501(c)3	0	101,564	FMV	Food	Food to distribute to needy families and individuals
OREGON FOOD BANKPO Box 55370 Portland,OR 972385370	93-0785786	501(c)3	0	70,052	FMV	Food	Food to distribute to needy families and individuals
FOOD BANK OF ALASKA2121 Spar Avenue Anchorage,AK 99501	82-0073175	501(c)3	0	50,620	FMV	Food	Food to distribute to needy families and individuals
ST MARYS WESTSIDE FB ALLIANCE2831 N 31st Avenue Phoenix,AZ 85009	86-0282884	501(c)3	0	57,375	FMV	Food	Food to distribute to needy families and individuals
FOOD BANK OF NORTHERN NEVADA550 Italy Drive McCarran,NV 89434	94-2924979	501(c)3	0	65,465	FMV	Food	Food to distribute to needy families and 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
HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA3760 Fowler Street ZCFort Meyers, FL 33901	59-2332120	501(c)3	0	64,421	FMV	Food	Food to distribute to needy families and individuals

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .	X	2	218,810	FMV
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	7,271	30,357,473	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 Acknowledgement			29	

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

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization Second Harvest Food Bank of the Inland Northwest	Employer identification number 23-7173826
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 is reviewed by both the Chief Financial Officer and the President & CEO. A copy of the Form 990 is also given to the Board of Directors for their review before it is filed with the IRS. The board approves the Form 990 at the January board meeting.

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 President & CEO 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 President & CEO 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
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 2,447

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Second Harvest Food Bank of the Inland Northwest

Employer identification number

23-7173826

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) Feeding Washington 1702 NE 150th Street Shoreline, WA 98155 45-1913897	Hunger Prevention	WA	501(c)(3)	Line 7	Second Harvest Food Bank & Food Lifeline	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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