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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. December 31 11 For the 2011 calendar year, or tax year beginning January 1 2011, and ending 20 D Employer identification number C Name of organization Faith Harvest Helpers Check if applicable 65-1274516 Address change Doing Business As Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Name change 360-790-9519 Initial return City or town, state or country, and ZIP + 4 П Terminated G Gross receipts \$ 7,782,473 Tumwater, WA. 98511 Amended return H(a) Is this a group return for affiliates? Yes No Application pending F Name and address of principal officer: Same as "C" above. If "No." attach a list, (see instructions) **501(c)(3)** 501(c) () ◀ (insert no) 🔲 4947(a)(1) or 🔲 527 Tax-exempt status. Website: ▶ www.faithharvesthelpers.org H(c) Group exemption number ▶ WA Form of organization: ✓ Corporation Trust Association Other ► L. Year of formation 2006 M State of legal domicile Part I Briefly describe the organization's mission or most significant activities: Feed the Hungry and Food Distribution Activities & Governance Check this box ▶☐ 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 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 650 6 6 Total number of volunteers (estimate if necessary) 7a 0 7a Total unrelated business revenue from Part VIII. column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 1,460,686 7.182.473 Contributions and grants (Part VIII, line 1h) . R 0 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 1,460,686 7,182,473 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 13 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14400 0 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) b 1,396,912 6,168,608 17 Other expenses (Part IX, column (A), Ines 114-114, 111-24e) 6,174,167 Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25) 1,414,512 18 46.174 1,008,306 19 Revenue less expenses. Subtract line 18 from line 12 . . . End of Year **Beginning of Current Year** AUG 25 20 Total assets (Part X. line 16) 183,696 1,199,561 1772 6585 21 Total liabilities (Part X, line 26) . 1,192,976 181.924 22 Net assets or fund balances. Subtract line 21 from Signature Block Part II 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 Type or print name and title Print/Type preparer's name Preparer's signature Date Check | rf **Paid** self-employed **Preparer** Firm's name Firm's EIN ▶ Use Only Firm's address > Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

_1	990 (2011)	Page Z
Part		
	Check if Schedule O contains a response to any question in this Part III	<u>· Ц</u>
1	Bnefly describe the organization's mission: Feed the hungry through the operation of food banks, distribution and fish processing.	
	reed the hangry through the operation of food banks, distribution and first processing.	·
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	✓ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	∠ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amgrants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	ount of
	grants and anocations to others, the total expenses, and revenue, if any, for each program service reported.	
40	/Code: \/Fyreness \\ \(\frac{\partial \}{200,122} \) including greats of \\ \\ \\ \/Payonus \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
4a	(Code:) (Expenses \$ 5,820,122 including grants of \$) (Revenue \$ Gleaned and distributed in excess of 2.5 million pounds of food to the hungry through internal food banks and distribution.	. '
		·
4b	(Code:) (Expenses \$345,657 including grants of \$) (Revenue \$)
	Processed and distributed over 150,000 pounds of fish to the hungry	·- '
····		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

	Other was away (December in Cahadula C.)	
4d	, ,	
40	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 6,165,789	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2 3	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
-	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? If "Yes," complete Schedule C, Part II	4		1
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? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	11f 12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	14b		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		▼
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		▼
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20 a		20a		1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-

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Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		√
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? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	:	
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? If "Yes," complete Schedule L, Part I	24d 25a		√
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? If "Yes," complete Schedule L, Part I	25b		1
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? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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? If "Yes," complete Schedule R, Part VI	37		1
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	1	

Form **990** (2011)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	١,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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			1
_	account)?	4a	<u> </u>	├
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.			i
_		50		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b	 	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		V
C Sa	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u> </u>		<u> </u>
6a	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ga	<u> </u>	<u> </u>
	qifts 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	ŀ		i
_	and services provided to the payor?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		✓
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	ŀ
	organization, have excess business holdings at any time during the year?	8	<u> </u>	-
9	Sponsoring organizations maintaining donor advised funds.		ļ	
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 -	/
10	Section 501(c)(7) organizations. Enter:	ŀ		
а	Initiation fees and capital contributions included on Part VIII, line 12	┨		
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:	ł		1
a	Gross income from members or shareholders	┨		
b	against amounts due or received from them.)			
40-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	 	+-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	t
а	Note. See the instructions for additional information the organization must report on Schedule O.	1	†	1
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
_	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part VI

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ons.
Secti	on 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			,
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 7a	Did the organization have members or stockholders?	6		✓
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	-	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		· •
40-	Did the consoliration have been been been also of the top 0	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		V
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		ļ.,
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		✓
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	1	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	405		
Section	on C. Disclosure	16b	L	L
17	List the states with which a copy of this Form 990 is required to be filed ► Washington			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	i 501(c)(3)s	only)
19	Own website Another's website V Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: > Joseph La Blanc 831 Oakcrest Drive SE. Lacey WA 98503 (360)280-0221	of the	•	

	· · · · · · · · · · · · · · · · · · ·	
Part V	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	nd
_	Independent Contractors	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

✓ Check this box if neither the organization not	any relate	d orga	anız	atıo	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.
		(C)								
(A)	(B)	(do n	ot ch	Pos		than c	me	(D)	(E)	(F)
Name and Title	Average	box, i	do not check more than one ox, unless person is both an					Reportable	Reportable	Estimated
	hours per week				_	or/trust	_ <u>_</u> _	compensation from	compensation from related	amount of other
	(describe	유효	Inst	Officer	<u>چ</u>	emt High	Former	the	organizations	compensation
	hours for related	lec L	ituti	er	eg i	lest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Q #	nal		Key employee	# CO		(1. 2.000 1000,		and related
	in Schedule O)	Individual trustee or director	Institutional trustee		8	pen		ļ		organizations
	0,	Õ	tee			Highest compensated employee				
(1) Charles G Beukelman										
President	15			1			<u> </u>			
(2) Richard Norton]							ļ		
Vice President	15			✓		ļ				
(3) Paul J Shorb	ļ			١.			ŀ			
Treasurer / Executive Director	40	1		✓			ļ	ļ		
(4)										
(5)										
(6)										
<u>(7)</u>										
(8)										
(9)									-	
(10)										
(11)										
(12)										
(13)										
(14)	-									

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(C)													
	(A)	(B)	(do n	ot ch		ition more	than c	nne	(D)	(E)		(F)	
	Name and title	Average	2 200, 200000 person in 20					an	Reportable	Reportable		Estimated		
		hours per week	office	er and		irect	or/trust	ee)	compensation from	compensation fro related	m		unt of her	
		(describe	우글	Su	₽	₹ 9	eg⊞	25	the	organizations			nsatio	n
		hours for	dred	titu	Officer	g	ploy	Former	organization	(W-2/1099-MISC)		n the	
		related organizations	Individual trustee or director	ion		employee	t co		(W-2/1099-MISC)		-		nzation elated	
		in Schedule	1 . 4	al tr		yee	ם	l	1				zations	3
		O)	e e	Institutional trustee		-	Highest compensated employee							
				ě			rê d				1			
(15)														
(16)					<u> </u>	-		├			+-	-		
				_		ļ		_			\perp			
(17)]							•					
(18)														
(19)				<u> </u>		_		-			+-			
				ļ				_						
(20)		1												
(21)														
(22)			-	┢	-									
		ļ			_	<u>.</u>					4			
(23)		1									1			
(24)														
(25)		 	-	\vdash		├		├						
(20)														
1b	Sub-total							▶						
С	Total from continuation sheets to Part	VII, Section	n A					ightharpoons		l				
d	Total (add lines 1b and 1c)							▶						
2	Total number of individuals (including bur reportable compensation from the organ	t not limited	d to th				above	e) w	no received m	ore than \$100	,000	of		
	reportable compensation from the organ	Zalion	<u>' </u>										Yes	No
3	Did the organization list any former of	ficer direc	tor (or ti	niet	00	kev e	amr	alovee or high	nest compens	ated		100	1.10
•	employee on line 1a? If "Yes," complete											3		1
4	For any individual listed on line 1a, is the							าก ล	and other com	nensation from	the			
•	organization and related organizations	areater th	an \$	150.	.000)? I	f "Ye	s."	complete Sci	hedule J for :	such		}	}
	individual											4	1	1
5	Did any person listed on line 1a receive of									zation or ındivi	dual			
	for services rendered to the organization	? If "Yes," (comp	lete	Sci	hed	ule J	for s	such person	· · · ·	•	5	l	✓
	on B. Independent Contractors					I A			46-4	ad mara than (1100	000 0		
1	Complete this table for your five highest compensation from the organization. Rej year.	compensation compe	ensati	on f	or ti	he c	alenc	lar y	year ending wi	th or within the	orga	anizatio	on's t	ax
	(A) Name and business add	draga.		-					(B) Description of	Services		(C) compens	ation	
	Hame and Dusiness add					···-		-						
								$oxed{\Box}$						
								1						
2	Total number of independent contractor							o tl	nose listed ab	ove) who				

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
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
	С	Fundraising events 1c					!
ifts ar A	d	Related organizations 1d					
», 7, G	e	Government grants (contributions) 1e					
Sig	f	All other contributions, gifts, grants,					
be.		and similar amounts not included above	7,182,473				
o E	g	Noncash contributions included in lines 1a-1f: \$	7,092,016				
Sor	h	Total. Add lines 1a–1f	,,032,010	7,182,473			
			Business Code	7,102,473			
eun	2a						
Rev	b						
8	C						
e Z	d			- · · · · ·			
S F	e			- · · · · · · · · · · · · · · · ·			
grai	•	All other program service revenue .					
Program Service Revenue	g	Total. Add lines 2a–2f	▶			L	
	3	Investment income (including dividend					
		and other similar amounts)					
	4	Income from investment of tax-exempt bond	<u>,</u>				
	5	Royalties	· -	_			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)		İ			
	d	Net rental income or (loss)	•	~			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	600	į			
	ь	Less: cost or other basis					
		and sales expenses .	600			ļ	
	С	Gain or (loss)	0				
	d	Net gain or (loss)	▶			-	·
ē	8a	Gross income from fundraising					
enne/	oa	events (not including \$		ļ		Ì	
		of contributions reported on line 1c).	ļ				
Other Re		See Part IV, line 18 a					
ţ	b	Less: direct expenses b		i			
0		Net income or (loss) from fundraising ev	ents . ►	*			1
		Gross income from gaming activities.					
		See Part IV, line 19 a	ŀ				
	b	Less: direct expenses b					
		Net income or (loss) from gaming activit	ies >	·			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b		[{
	С	Net income or (loss) from sales of invent	tory 🕨				
		Miscellaneous Revenue	Business Code		·		
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶				
	12	Total revenue. See instructions.	▶	7 182 473		I .	I

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A) but are not
required to complete columns (B), (C), and (D).	

	Check if Schedule O contains a response to any question in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and							
	organizations in the United States. See Part IV, line 21							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members							
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
11	Fees for services (non-employees):							
a	Management							
b	Legal	2 600	1800	900	900			
C	Accounting	3,600	1800	500	900			
d	Lobbying							
e •	Investment management fees							
f	Other	1095			1095			
g 12		3496			3496			
12	Advertising and promotion	818		750	68			
13 14	Office expenses	484		484				
15		101		101				
16	Royalties	18375	18375					
17	Travel	12209	11670	539				
18	Payments of travel or entertainment expenses	12203	11070					
.0	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .							
20	Interest	156		156				
21	Payments to affiliates	.30		.30				
22	Depreciation, depletion, and amortization .	12422	12422					
23	Insurance	8352	8352					
24	Other expenses, Itemize expenses not covered							
	above. (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column	,						
	(A) amount, list line 24e expenses on Schedule O.)							
а	Food	6,054,266	6,054,266					
b	Fuel	20,039	20,039					
C	Equipment/Vehicle Maintenance	15828	15828					
d	Misc. Food Bank Supplies	12709	12709					
е	All other expenses	10318	10318					
25	Total functional expenses. Add lines 1 through 24e	6,174,167	6,165,779	2829	5559			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)							

Part X **Balance Sheet** (B) (A) End of year Beginning of year 53024 1 25996 2 2 Savings and temporary cash investments 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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) 6 7 7 1,034,080 8 ol 8 9 Prepaid expenses and deferred charges . . . 0 9 449 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 177,316 38,280 130673 10c 139,036 b Less: accumulated depreciation 10b 11 11 12 12 Investments—other securities. See Part IV. line 11 13 13 Investments—program-related. See Part IV, line 11 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 183,697 16 1,199,561 17 1772 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Pavables to current and former officers, directors, trustees, key 22 Liabilities employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . . 1772 26 6585 26 Organizations that follow SFAS 117, check here ▶ ✓ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 47677 27 1,167,178 27 134247 28 28 25798 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 1,192,976 33 181924 1,199,561 34 Total liabilities and net assets/fund balances 183696 34

orm 9	90 (2011)		Pa	ge 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)			2,473
2	Total expenses (must equal Part IX, column (A), line 25)			4,167
3	Revenue less expenses. Subtract line 2 from line 1		<u></u>	8,306
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		18	1,924
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		1,19	2,976
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	.		ł
	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?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	.		ĺ
•	issued on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
Ų.	the Single Audit Act and OMB Circular A-133?	3a	Í	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		\vdash	<u> </u>
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		1
		For	m 990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 65-1274516

alu	i naivest neipeis								00-12	7010		
Pa	ill Reason f	or Public Cha	rity Status (All orga	nizations	s must c	omplete	this par	t.) See ii	nstructio	ns.		
The	_	•	tion because it is: (Fo		-		-					
1			nes, or association of			ed in sec	tion 170(b)(1)(A)(ī))_			
2			170(b)(1)(A)(ii). (Attac		-							
3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		_	on operated in conjunc	ction with	a hospita	al descrit	oed in se	ction 170)(b)(1)(A)(iii). Ente	r the	
	="	ne, city, and state										
5	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, stat	e, or local govern	nment or governmenta	al unit des	scribed in	section	170(b)(1)(A)(v).				
7		•	receives a substantia (A)(vi). (Complete Par	•	its suppo	ort from a	governn	nental un	it or from	the ger	neral p	ublic
8	☐ A community	trust described II	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)						
9	Print.		receives: (1) more tha				m contri	butions,	members	hip fees	, and	gross
			to its exempt functi									
			nt income and unrel fter June 30, 1975. Se						n 511 tax	k) from	busine	esses
10		-	operated exclusively						4).			
11			d operated exclusive							or to ca	rrv ou	t the
			licly supported organ									
			describes the type of									
	a 🗌 Typel	ь 🗆	Type II c	□ Туре	III-Functi	ionally int	egrated		d□	Type II	II-Othe	er
e			that the organization					v bv one	· · · · · · · · · · · · · · · · · · ·			
			ers and other than one									
	or section 509					• •	J					
f			written determination	on from t	the IRS t	hat it is	a Type	I, Type I	I, or Typ	e III sup	portir	ng
	-	check this box .										$\overline{\Box}$
g	Since August following pers		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•			_
	* :		ndirectly controls, eith	ner alone	or toget	her with	persons (describe	d in (ii) ar	ıd	Yes	No
	• •	•	ody of the supported of		_					11g(i		
	• •		on described in (i) abo	-						11g(ii		_
		-	a person described in						• • •	11g(iii		
h		-	on about the supporte							[8/	·/I	
	Name of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify	661	s the	(vii) 4	Amount (
1.7	organization	(11) 2.114	(described on lines 1–9	in col (i) lis	sted in your	the organ	nzation in	organizat	ion in col	(vii) Amount of support		
			above or IRC section	governing (verning document?		of your cort?		zed in the S.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
(A)												
В)	<u>.</u>											
	······································											
(C)												
D)												
E)									-			
-, 				ļ	ļ				 			

Total

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 **(b)** 2008 (c) 2009(d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 16315 98775 337267 1460686 7182473 9095516 2 revenues levied 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 Total. Add lines 1 through 3. . . . 16315 98775 337267 1460686 7182473 9095516 5 The portion of total contributions by each person (other than governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 9095516 Section B. Total Support (a) 2007 (c) 2009 Calendar year (or fiscal year beginning in) **(b)** 2008 (d) 2010 (e) 2011 (f) Total Amounts from line 4 7 16315 98775 337367 1460686 7182473 9095516 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 0 0 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 0 9095516 11 **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 0 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) Section C. Computation of Public Support Percentage % Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2010 Schedule A, Part II, line 14 % 15 331/3% support test-2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/2% support test-2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2011. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	_	, , , , , , , , , , , , , , , , , , ,	
(Complete only i	f you checked the box	on line 9 of Part I or if the organization failed to qualify under	Part II.
If the organization	on fails to qualify under	the tests listed below, please complete Part II.)	

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	1.)	
	on A. Public Support	<u>,,,</u>	•				· · · · · · · · · · · · · · · · · · ·
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees		ļ		ļ		
_	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		Ì				
	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		ŀ				
	or 1% of the amount on line 13 for the year	ļ					
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support					,,,	
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	<u>[</u>	1				
	royalties and income from similar sources .		1				
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					i	
	activities not included in line 10b, whether						
	or not the business is regularly carried on	<u> </u>					
12	Other income. Do not include gain or	1					
	loss from the sale of capital assets			İ			
	(Explain in Part IV.)		<u> </u>				
13	Total support. (Add lines 9, 10c, 11,	1	1	}			
	and 12.)	L	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	L		1 504()(2)
14	First five years. If the Form 990 is for the	•			•		,
04	organization, check this box and stop he	 		· · · · ·	· · · · ·	• • • •	
	on C. Computation of Public Suppor		<u> </u>	0(0)		1461	
15	Public support percentage for 2011 (line						<u>%</u>
16 Secti	Public support percentage from 2010 Sci on D. Computation of Investment In			<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	16	<u>%</u>
				u line 12 colu		47	0/
17	Investment income percentage for 2011 (-		17	<u>%</u>
18	Investment income percentage from 2010 331/s% support tests—2011. If the organ						% 31n% and line
19a	17 is not more than 331/3%, check this box						
9	33 ¹ /3% support tests—2010. If the organization		_		•		
b	line 18 is not more than 33½%, check this						
00	Private foundation. If the organization de	-	_	•			-
20	Filvate iounidation. If the organization of	id not check a	DOX ON MIR 14	, ıəa, uı ıəb, (CHECK GIIS DOX	THE PER 11 IS	structions

Schedule A (F	Form 990 or 990-EZ) 2011	Page 4
Part IV	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).	
		· · · · · · · · · · · · · · · · · · ·
~**		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2∩ **1 1**

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

Faith Harvest Helpers 65-1274516 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 Total number at end of year 1 2 Aggregate contributions to (during year) . Aggregate grants from (dunng year) . . 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? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: \$_____ Assets included in Form 990, Part X

	•							
Schedu	e D (Form 990) 2011						F	age 2
Parl	Organizations Maintaining	Collections of	Art, Historical	Treasures, or O	ther Similar Ass	ets (cc	ntinu	ied)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her records, chec	ck any of the follo	wing that are a sig	nifican	t use	of its
а	☐ Public exhibition		d 🗌 Loan	or exchange pro	grams			
b	☐ Scholarly research		e 🗌 Othe					
C	☐ Preservation for future generations							
4	Provide a description of the organizat XIV.	ion's collections a	and explain how t	they further the or	ganization's exemp	ot purp	ose in	Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta	ined as part of th	e organization's c	ollection?	□ Y ₀		
Part	IV Escrow and Custodial Arra	ingements. Co	mplete if the org	ganization answe	ered "Yes" to For	m 990	, Part	ΙV,
	line 9, or reported an amoun				· · · · · · · · · · · · · · · · · · ·			
1a	Is the organization an agent, trustee, included on Form 990, Part X?					□ Y	es 🗌	No
b	If "Yes," explain the arrangement in Pa	art XIV and comple	ete the following t	table:				
					Am	ount		
С	Beginning balance							
d	Additions during the year					<u></u>		
e	Distributions during the year							
Ţ	Ending balance				<u> </u>	<u> </u>		
2a	Did the organization include an amoun	•	art X, line 21? .			□ Y	es 🗌	No
	If "Yes," explain the arrangement in Pa		A:	(1)/7 A- F (200 Deat IV II-e 1	10		
Par	V Endowment Funds. Comple	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Foul	r voare	back
4	Designation of the state of	(a) Current year	(b) Filor year	(c) Two years back	(u) Three years back	(e) Four	years	Dack
_	Beginning of year balance			 				
b	Contributions			-				
С	Net investment earnings, gains, and losses							
d	Grants or scholarships			ļ				
е	Other expenditures for facilities and programs	ļ			,			
t -	Administrative expenses			 				
g	End of year balance	L						
2	Provide the estimated percentage of t			g, column (a)) nelo	as:			
a	Board designated or quasi-endowmer	11 -	%					
D	Permanent endowment	%						
С	Temporarily restricted endowment		000/					
2-	The percentages in lines 2a, 2b, and 2			at one held and a	duninistance for the			
Ja	Are there endowment funds not in the organization by:	a possession of the	ie organization tri	at are nelo ano a	iministered for the	1	V	Na
	•					0-72	Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
_	If "Yes" to 3a(ii), are the related organi					3b		L
4	Describe in Part XIV the intended uses							
Part	VI Land, Buildings, and Equip	ment. See Fom	1 990, Part X, IIr	ie IU.				

Part VII	Investments - Other Securit	ties. See Form 990, Part X,	line 12.	
(2	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financia	I derivatives			
	held equity interests	-		
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				<u> </u>
(F)				
(G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.			
Part VIII	Investments—Program Rela			
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)				
(2)				
(3)		····		
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.		<u> </u>	
Part IX	Other Assets. See Form 990	, Part X, IIIIe 15.		(b) Book value
(1)		(a) Description		(5) 50011 14125
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		-,		
(10)	umn (b) must equal Form 990, Part	X. col. (B) line 15.)		
Part X	Other Liabilities. See Form 9			
1.	(a) Description of liability	(b) Book value		
(1) Federal	I income taxes]	
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)			4	
(5)	 		4	
(6)			-	
(8)				
(9)			†	
(10)			1	
(11)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25			
2. FIN 48 (A	ASC 740) Footnote. In Part XIV, pro	vide the text of the footnote to	the organization's financial statem	nents that reports the
organizatio	n's liability for uncertain tax positio	ns under FIN 48 (ASC 740).		

Schedu	le D (Form 990) 2011		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial States	nents	· · · · · · · · · · · · · · · · · · ·
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Ret	um
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	_	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2€	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	_	
С	Add lines 4a and 4b		;
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		eturn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		İ
a	Donated services and use of facilities	_	
b	Pnor year adjustments	_	
C	Other losses	_	1
đ	Other (Describe in Part XIV.)	┦.,	. :
е	Add lines 2a through 2d	26	
3	Subtract line 2e from line 1	3	
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	1	
b	Other (Describe in Part XIV.)		
С 5	Add lines 4a and 4b	40	
	XIV Supplemental Information	5	<u> </u>
		Dort	V lines 1h and 0h:
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also coi		
	Iditional information.	inpict	s tills part to provide
,			
			

Schedule D (Fo		Page 5
Part XIV	Supplemental Information (continued)	
••		

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Faith Harvest Helpers

▶ Attach to Form 990.

Inspection **Employer identification number**

65-1274516

Part	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	Method o			
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	1		3,348	Actual Cost			
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				1			
13	Qualified conservation							
	contribution—Historic	1			ł			
	structures				l			
14	Qualified conservation							
	contribution—Other							
15	Real estate-Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	✓		7,088,346	Estimate FM	٧		
20	Drugs and medical supplies							
21	Taxidermy		·					
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Equipment Repair)	✓		322	Actual Cost			
26	Other ► ()							
27	Other ► ()							
28	Other ► (<u> </u>		<u> </u>	<u> </u>			
29	Number of Forms 8283 received							
	which the organization completed	Form 8283	3, Part IV, Donee Acknowle	dgement	29	0		
						\longrightarrow	Yes	No
30a	During the year, did the organization							l
	it must hold for at least three year			ition, and which is not req	uired to be			
	used for exempt purposes for the	entire hold	ing period?			30a		1
b	If "Yes," describe the arrangemen							
31	Does the organization have a	gift accep	stance policy that require	es the review of any no	n-standard			
						31		1
32a	Does the organization hire or use	e third part	ties or related organization	s to solicit, process, or se	ell noncash			
	contributions?					32a		1
b	If "Yes," describe in Part II.							
33	If the organization did not report as describe in Part II.	n amount ır	column (c) for a type of pro	pperty for which column (a)	is checked,			İ

ichedule M ((Form 990) (2011)	Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 3 and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional informatio	
·		
·		
•••••		
		
	,	
	, <u></u>	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
Faith Harvest Helpers

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

65-1274516

Responses to items in part VI 990
Part VI Line 11: Each board member will receive a copy for review at scheduled board meeting.
Part VI Line 15: All independent board members reviewed and voted on compensation, and will continue to evaluate compensation on at
minimum once annually.
Part VI Line 19: All public information is available and provided to the public upon request.
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