

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

u Do not enter social security numbers on this form as it may be made public.
u Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY Doing business as SECOND HARVEST FOOD BANK Number and street (or P.O. box if mail is not delivered to street address) 800 OHLONE PARKWAY Room/suite City or town, state or province, country, and ZIP or foreign postal code WATSONVILLE CA 95076	D Employer identification number 77-0326685 E Telephone number 831-722-7110 G Gross receipts \$ 19,395,313
F Name and address of principal officer: DONNA SHEPPARD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u WWW.THEFOODBANK.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1993	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SECOND HARVEST FOOD BANK'S MISSION IS TO END HUNGER AND MALNUTRITION BY EDUCATING AND INVOLVING THE COMMUNITY.		
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	62
	6 Total number of volunteers (estimate if necessary)	6	1700
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	17,975,226	18,969,307
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	298,912	230,869
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-16,919	-29,662
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	108,873	142,793
		18,366,092	19,313,307
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,023,260	14,675,995
	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)	2,466,824	2,661,470
	16a Professional fundraising fees (Part IX, column (A), line 11e)	33,800	28,046
	b Total fundraising expenses (Part IX, column (D), line 25) u 496,094		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,663,578	1,828,050
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18,187,462	19,193,561
	19 Revenue less expenses. Subtract line 18 from line 12	178,630	119,746
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	11,115,377	11,413,146
	22 Net assets or fund balances. Subtract line 21 from line 20	1,981,069	1,886,575
		9,134,308	9,526,571

Part II Signature Block

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

Sign Here	Signature of officer DONNA SHEPPARD Type or print name and title	Date CFO
Paid Preparer Use Only	Print/Type preparer's name MICHAEL J. BRYANT, CPA	Preparer's signature MICHAEL J. BRYANT, CPA
	Firm's name } WHEELER ACCOUNTANTS LLP 1475 SARATOGA AVE STE 100 Firm's address } SAN JOSE, CA 95129-4951	Date } 03/08/18 Check <input type="checkbox"/> if self-employed PTIN } P01568974 Firm's EIN } 26-1508234 Phone no. } 408-252-1800

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SECOND HARVEST FOOD BANK'S MISSION IS TO END HUNGER AND MALNUTRITION BY EDUCATING AND INVOLVING THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **17,291,455** including grants of \$ **13,698,944**) (Revenue \$ **230,869**)
FOOD DISTRIBUTION: TO ACQUIRE AND DISTRIBUTE DONATED AND PURCHASED FOODS AND UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) COMMODITIES TO NEEDED PEOPLE THROUGHOUT SANTA CRUZ COUNTY AND THE PAJARO VALLEY.

4b (Code:) (Expenses \$ **977,051** including grants of \$ **977,051**) (Revenue \$)
EDUCATION OUTREACH: NUTRITION EDUCATION AND OUTREACH FOR INDIVIDUALS AND FAMILIES IN NEED AND BILINGUAL PEER NUTRITION EDUCATION AT SITES THROUGHOUT SANTA CRUZ COUNTY AS WELL AS OUTREACH AND APPLICATION ASSISTANCE FOR THE CALFRESH (FOOD STAMPS) PROGRAM.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses **u 18,268,506**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

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 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.	13	
b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

**FINANCE DEPARTMENT
WATSONVILLE**

800 OHLONE PARKWAY

CA 95076

831-722-7110

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA KIRK	1.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(2) TRICIA WYNNE	3.00									
VICE CHAIR	0.00	X		X			0	0	0	
(3) RICK WEISS	1.00									
TREASURER	0.00	X		X			0	0	0	
(4) MARILYN MERSEREAU	1.00									
SECRETARY	0.00	X		X			0	0	0	
(5) BOB NORTON	3.00									
TRUSTEE	0.00	X					0	0	0	
(6) TIM CARL	1.00									
TRUSTEE	0.00	X					0	0	0	
(7) DONNA MOSICH	1.00									
TRUSTEE	0.00	X					0	0	0	
(8) JON SISK	1.00									
TRUSTEE	0.00	X					0	0	0	
(9) JUNE PONCE	1.00									
TRUSTEE	0.00	X					0	0	0	
(10) MICHAEL BRYANT	1.00									
TRUSTEE	0.00	X					0	0	0	
(11) RALPH MALTESE	1.00									
TRUSTEE	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SARAH LATHAM	1.00									
TRUSTEE	0.00	X					0	0	0	
(13) TERESITA HINJOSA	1.00									
TRUSTEE	0.00	X					0	0	0	
(14) WILLY ELLIOTT-MCCREA	40.00									
CEO	0.00			X			173,496	0	0	
(15) KEVIN HEUER	40.00									
OFFICER	0.00			X			110,307	0	0	
(16) SUZANNE WILLIS	40.00									
OFFICER	0.00			X			99,663	0	0	
(17) DONNA SHEPPARD	40.00									
CFO	0.00			X			0	0	0	
(18) PAT WADORS	0.00									
TRUSTEE	0.00					X	0	0	0	
(19) ROSE ANN WOOLPERT	0.00									
TRUSTEE	0.00					X	0	0	0	
1b Sub-total							383,466			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							383,466			

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

	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>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,546,286				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,423,021				
	g Noncash contributions included in lines 1a-1f: \$		14,335,935				
	h Total. Add lines 1a-1f	u	18,969,307				
Program Service Revenue	2a MEMBER DUES & ASSESSMENT	Busn. Code	230,869	230,869			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	230,869				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	-29,662			-29,662	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.					
	c Gain or (loss)						
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a		215,983			
		b Less: direct expenses	b	82,006			
	c Net income or (loss) from fundraising events	u		133,977			
	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	u						
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	u						
Miscellaneous Revenue		Busn. Code					
11a OTHER INCOME			8,816	8,816			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		8,816				
12 Total revenue. See instructions.	u		19,313,307	239,685	0	-29,662	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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 domestic organizations and domestic governments. See Part IV, line 21	12,872,008	12,872,008		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,803,987	1,803,987		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	383,467	244,526	43,374	95,567
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	69,655		69,655	
7 Other salaries and wages	2,208,348	1,767,013	194,105	247,230
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	28,046			28,046
f Investment management fees	26,639		26,639	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	5,660	4,278	653	729
13 Office expenses	55,614	42,033	6,418	7,163
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,496	26,137	4,906	4,453
20 Interest	69,850	67,983	1,066	801
21 Payments to affiliates	322,309	322,309		
22 Depreciation, depletion, and amortization	374,408	364,402	5,715	4,291
23 Insurance	64,682	62,954	987	741
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRANSPORTATION	197,283	193,109	1,023	3,151
b PROFESSIONAL SERVICES	145,352	100,812	40,031	4,509
c PROGRAM SUPPLIES	103,505	100,348	1,171	1,986
d UTILITIES	91,753	89,300	1,401	1,052
e All other expenses	335,499	207,307	31,817	96,375
25 Total functional expenses. Add lines 1 through 24e	19,193,561	18,268,506	428,961	496,094
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	223,364	1	699,294
	2	Savings and temporary cash investments	1,644,210	2	1,549,161
	3	Pledges and grants receivable, net	180,840	3	144,022
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,753,930	8	1,755,999
	9	Prepaid expenses and deferred charges	48,627	9	56,681
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,660,125		
	b	Less: accumulated depreciation	10b 2,604,340	10c	6,055,785
	11	Investments—publicly traded securities	1,036,692	11	1,152,204
	12	Investments—other securities. See Part IV, line 11		12	
	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)	11,115,377	16	11,413,146	
Liabilities	17	Accounts payable and accrued expenses	263,267	17	212,336
	18	Grants payable	3,396	18	6,384
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,714,406	24	1,667,855
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,981,069	26	1,886,575
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	7,921,705	27	8,176,932
	28	Temporarily restricted net assets	1,212,603	28	1,349,639
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		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	9,134,308	33	9,526,571	
34	Total liabilities and net assets/fund balances	11,115,377	34	11,413,146	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,313,307
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,193,561
3	Revenue less expenses. Subtract line 2 from line 1	3	119,746
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,134,308
5	Net unrealized gains (losses) on investments	5	272,517
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,526,571

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY

Employer identification number

77-0326685

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,551,760	16,585,974	19,332,955	17,975,226	18,969,307	89,415,222
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	16,551,760	16,585,974	19,332,955	17,975,226	18,969,307	89,415,222
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.						89,415,222

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	16,551,760	16,585,974	19,332,955	17,975,226	18,969,307	89,415,222
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72,158	69,016	-96,492	-16,919	-29,662	-1,899
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 VI.)	79,369	83,505				162,874
11 Total support. Add lines 7 through 10						89,576,197

12 Gross receipts from related activities, etc. (see instructions) 12 455,668

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.82%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.72%

16a 33 1/3% support test—2016. 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—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. 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 VI 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 10 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) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** 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—2015.** 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

NET FUNDRAISING & OTHER INCOME	\$ 162,874
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Schedule B
(Form 990, 990-EZ,
or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

2016

Department of the Treasury
Internal Revenue Service

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

Name of the organization SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY	Employer identification number 77-0326685
--	--

Organization type (check one):

- | | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization SECOND HARVEST FOOD BANK SANTA CRUZ	Employer identification number 77-0326685
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CA ASSOCIATION OF FOOD BANKS 1624 FRANKLIN STREET, #722 OAKLAND CA 94612	\$ 5,399,135	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	USDA EMERGENCY FOOD ASSISTANCE PROG 1400 INDEPENDENCE AVENUE, S.W. WASHINGTON DC 20250	\$ 2,438,834	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	LAKESIDE ORGANIC GARDENS, LLC 220 HOLOHAN ROAD WATSONVILLE CA 95076	\$ 1,287,628	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	DRISCOLL'S P.O. BOX 50045 WATSONVILLE CA 95077	\$ 1,150,260	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	OROWEAT FOODS COMPANY 2740 SOQUEL DRIVE SANTA CRUZ CA 95060	\$ 402,333	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	SUNLIGHT GIVING 855 EL CAMINO REAL BUILDING 4 STE 250 PALO ALTO CA 94301	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SECOND HARVEST FOOD BANK SANTA CRUZ

Employer identification number

77-0326685

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	FOOD	\$ 5,399,135	
2	FOOD	\$ 2,438,834	
3	FOOD	\$ 1,287,628	
4	FOOD	\$ 1,149,160	
5	FOOD	\$ 402,333	
		\$	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization **SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY** Employer identification number **77-0326685**

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. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) \$

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$

4 Did the filing organization file Form 1120-POL for this year? Yes No

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2016

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
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 border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

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

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

Part IV Supplemental Information

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

SCHEDULE C, PART II-B, LINE 1

THE ORGANIZATION ENGAGED IN LOBBYING ACTIVITIES THROUGH PAID EMPLOYEES INCLUDING ATTENDANCE AT ANTI-HUNGER LEGISLATIVE DAYS, STATEWIDE HUNGER ACTION COALITION PARTICIPATION AND ACTIVITIES TO EDUCATE AND RAISE AWARENESS ON HUNGER ISSUES, MEETING AT THE LOCAL, CALIFORNIA STATE AND FEDERAL LEVELS, AND SIGNED LETTERS IN COLLABORATION WITH THE CALIFORNIA

Part IV Supplemental Information *(continued)*

ASSOCIATION OF FOOD BANKS AND FEEDING AMERICA.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY

Employer identification number

77-0326685

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 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, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

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

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" on 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 XIII 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	27,181	29,509	29,999	27,612	25,049
b Contributions					
c Net investment earnings, gains, and losses	1,720	-2,328	-490	2,387	2,563
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	28,901	27,181	29,509	29,999	27,612

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment **u** %
- b Permanent endowment **u** %
- c Temporarily restricted endowment **u** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		627,898		627,898
b Buildings		6,611,500	1,736,778	4,874,722
c Leasehold improvements				
d Equipment		1,265,374	867,562	397,812
e Other		155,353		155,353
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	6,055,785

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	19,585,824
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	272,517	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	272,517
3	Subtract line 2e from line 1		3	19,313,307
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 XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	19,313,307

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

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

1	Total expenses and losses per audited financial statements		1	19,193,561
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	19,193,561
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 XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	19,193,561

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS A NOT-FOR-PROFIT THAT IS EXEMPT FROM INCOME TAXES UNDER SECTIONS 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE FRANCHISE TAX UNDER CALIFORNIA REVENUE AND TAXATION CODE SECITON 23701(D) BUT IS SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME WHEN EARNED. THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED NEW GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJET TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR THE YEARS BEFORE 2013.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY

Employer identification number

77-0326685

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RKD ALPHA DOG MARKETING 1 8001 SOUTH 13TH STREET LINCOLN NE 68512	DIRECTMAIL		X	354,624	28,046	326,578
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				354,624	28,046	326,578

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

CALIFORNIA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>CHEF'S DINNER</u> (event type)	<u>COMMUNITY EVENT</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	142,983	73,000	215,983
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	142,983	73,000	215,983
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	67,258		67,258
	6	Rent/facility costs	300		300
	7	Food and beverages	1,131		1,131
	8	Entertainment			
	9	Other direct expenses	13,317		13,317
	10	Direct expense summary. Add lines 4 through 9 in column (d)				82,006
11	Net income summary. Subtract line 10 from line 3, column (d)				133,977

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

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

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

a Is the organization licensed to conduct 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:

**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" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **SECOND HARVEST FOOD BANK SANTA CRUZ
COUNTY**

Employer identification number
77-0326685

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1)	VARIOUS MEMBER AGENCIES & PROGRAMS	98-1111111	501(C)		12,177,587	SEE PG 2	FOOD	FOR THOSE IN NEED
(2)	VARIOUS OTHER FOOD BANKS	98-1111111	501(C)		694,421	SEE PG 2	FOOD	FOR THOSE IN NEED
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 EFAP PROGRAM			1,803,987	FMV	FOOD
2 FOOD FOR CHILDREN PROGRAM				FMV	FOOD
3 PASSION FOR PRODUCE PROG.				FMV	FOOD
4					
5					
6					
7					

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2016, or tax year beginning 07/01/16, and ending 06/30/17

2016

Name of the organization

SECOND HARVEST FOOD BANK SANTA CRUZ
COUNTY

Employer identification number

77-0326685

PART IV - ADDITIONAL INFORMATION

SCHEDULE I, PART I, LINE 2: FOOD SAFETY TRAINING IS MANDATED AND PROVIDED ANNUALLY. COMPLIANCE IS TRACKED THROUGH MEMBER AGENCY RECORDS. INDIVIDUAL SITE MONITORING VISITS ARE CONDUCTED EVERY TWO YEARS ON-SITE, AS REQUIRED BY FEEDING AMERICA. FILES ARE REVIEWED TO ENSURE PROPER DOCUMENTATION: AGENCY APPLICATION, AGENCY AGREEMENT, 501(C)(3) DOCUMENT AND PREVIOUS MONITORING FORM. ON-SITE VISITS ARE CONDUCTED TO ENSURE PROPER PAPERWORK ON FILE INCLUDING CLIENT SIGN-IN SHEETS, PROPER FOOD STORAGE AND PROPER FOOD HANDLING PRACTICES.

SCHEDULE I, PART II, LINE 1: PURCHASED FOOD IS VALUED AT ACTUAL PRICE. DONATED FOOD IS VALUED AT AN AVERAGE FMV OF \$1.70 PER POUND AS DETERMINED BY FEEDING AMERICA. THE AMOUNT OF FOOD IS INCLUDED IN THE FOOD TO AGENCIES AND PROGRAM ON FORM 990, PART IX, LINE 24A.

SCHEDULE I, PART II, LINE 2: FOOD IS DISTRIBUTED TO VARIOUS MEMBER AGENCIES AND PROGRAMS. THE AMOUNT OF FOOD IS INCLUDED IN THE FOOD TO AGENCIES AND PROGRAM ON FORM 990, PART IX, LINE 24A.

SCHEDULE I, PART III: FOOD IS DIRECTLY DISTRIBUTED TO INDIVIDUALS THROUGH SECOND HARVEST'S EFAP PROGRAM AND ITS FOOD FOR CHILDREN AND PASSION FOR PRODUCE PROGRAMS. THE AMOUNT OF FOOD IS INCLUDED IN THE FOOD TO AGENCIES AND PROGRAM ON FORM 990, PART IX, LINE 24A.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY

Employer identification number
77-0326685

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- | | | | |
|--|-----------|--|----------|
| a Receive a severance payment or change-of-control payment? | 4a | | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

- | | | | |
|--|-----------|--|----------|
| a The organization? | 5a | | X |
| b Any related organization? | 5b | | X |

If "Yes" on line 5a or 5b, describe in Part III.

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

- | | | | |
|--|-----------|--|----------|
| a The organization? | 6a | | X |
| b Any related organization? | 6b | | X |

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1a		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLY ELLIOTT-MCCREA CEO	(i)	135,956	0	37,540	0	0	173,496	0
	(ii)	0	0	0	0	0	0	0
2 PAT WADORS TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
3 ROSE ANN WOOLPERT TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

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

Name of the organization

**SECOND HARVEST FOOD BANK SANTA CRUZ
COUNTY**

Employer identification number

77-0326685

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
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	1	12,531,948	DONATED FOOD
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (FOOD INVENTORY)	X	1	1,803,987	USDA DONATED FOOD
26 Other u ()				
27 Other u ()				
28 Other u ()				

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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a	X	

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

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

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

b If "Yes," describe in Part II.

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

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

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

SECOND HARVEST UTILIZES A FINANCIAL INSTITUTION TO LIQUIDATE GIFTS OF STOCK.

SCHEDULE M - SUPPLEMENTAL INFORMATION

SCHEDULE M, PART I, LINE 19, DONATED FOOD IS VALUED AT \$1.67 PER POUND AS DETERMINED BY FEEDING AMERICA.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Name of the organization

SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY

Employer identification number

77-0326685

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

SECOND HARVEST FOOD BANK, AS STATED IN ITS BYLAWS, CONSISTS OF "REGULAR MEMBERS" WHICH ARE NON-PROFIT AGENCIES ("MEMBER AGENCIES") DEDICATED TO THE SAME PURPOSE AS THE ORGANIZATION OF PROVIDING FOOD TO THE NEEDY WITHIN SANTA CRUZ COUNTY.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

"REGULAR MEMBERS" IN GOOD STANDING HAVE THE RIGHT TO VOTE, AS SET FORTH IN THE BYLAWS, ON THE ELECTION OF TRUSTEES, ON THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, ON ANY MERGER AND ITS PRINCIPAL TERMS AND ANY AMENDMENT OF THOSE TERMS, ON ANY ELECTION TO DISSOLVE THE ORGANIZATION OR ANY SUBJECT AS MAY BE REQUIRED BY LAW. ANNUAL MEETING ARE HELD FOR PURPOSE OF ELECTING TRUSTEES, REVIEWING FINANCIAL REPORTS OF THE ORGANIZATION, AND ANY OTHER BUSINESS WHICH THE BOARD MAY WISH TO BRING BEFORE THE MEMBERSHIP. NOTICE OF THE ANNUAL MEETING, AND ANY SPECIAL MEETINGS, OF THE MEMBERS ARE GIVEN IN WRITING TO THE PERSON AUTHORIZED BY EACH MEMBER'S GOVERNING BODY. MEMBERS SHALL EACH HAVE ONE VOTE WHICH MAY BE BY CAST BY ONLY ONE PERSON AUTHORIZED BY THE MEMBER'S GOVERNING BODY. ANY MEMBER MAY EXECUTE, IN WRITING, A PROXY AUTHORIZING A SPECIFIC PARTY TO CAST VOTES ON ITS BEHALF. ONE-THIRD OF THE VOTING MEMBERS, IN PERSON OR REPRESENTED BY PROXY, SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS AT ANY MEETING OF THE MEMBERS. AT A PROPERLY NOTICED MEETING OF THE ORGANIZATION, ACTIONS WILL BE APPROVED BY A MAJORITY VOTE OF THE MEMBERS PRESENT OR VOTING BY PROXY.

Name of the organization

Employer identification number

SECOND HARVEST FOOD BANK SANTA CRUZ

77-0326685

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS REVIEWED BY THE BOARD OF TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ALL BOARD MEMBERS (TRUSTEES) ANNUALLY SIGN CONFLICT OF INTEREST FORMS WHICH
PRECLUDE THEM FROM DISCUSSING, DELIBERATING AND VOTING ON MATTERS IN WHICH
THEY HAVE FINANCIAL INTERESTS OR ANY AFFILIATION. SENIOR STAFFS ARE ALSO
REQUIRED TO SIGN CONFLICT OF INTEREST FORM.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
CEO SALARY IS DETERMINED BY A BOARD-APPOINTED "EXECUTIVE REVIEW" COMMITTEE.
THE COMMITTEE REVIEWS SIMILAR COMPENSATION LEVELS OF OTHER FOOD BANKS AND
INTERVIEWS OTHER OFFICERS, DIRECTORS AND REPRESENTATIVE STAFF AT DIFFERENT
LEVELS OF THE ORGANIZATION FOR PERFORMANCE-RELATED ISSUES. THE COMMITTEE
THEN MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE WHO THEN DETERMINES
THE CEO'S SALARY LEVEL FOR THE YEAR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2016

Department of the Treasury
Internal Revenue Service (99)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. **179**

Name(s) shown on return

SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY

Identifying number

77-0326685

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	289,380

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	289,380
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

77-0326685

Federal Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Warehouse Initial occupancy	12/10/04	767,431				767,431	30	MO S/L	295,610	25,581
2	Warehouse Phase 1 Capitalization	1/01/08	1,486,733				1,486,733	30	MO S/L	421,241	49,558
3	Warehouse Phase 2 + solar capitalization	7/01/09	737,151				737,151	30	MO S/L	172,002	24,572
4	Warehouse Phase 3 Capitalization	7/01/10	1,728,940				1,728,940	30	MO S/L	345,788	57,631
5	Warehouse Phase 4	7/01/11	974,189				974,189	30	MO S/L	162,365	32,473
6	Warehouse Phase 5	7/01/12	899,744				899,744	30	MO S/L	119,966	29,991
7	Toyota	3/31/94	14,938				14,938	5	MO S/L	14,938	0
8	94 MACK box	9/01/94	54,147				54,147	5	MO S/L	54,147	0
9	94 MACK box Floor plate repair	9/01/97	717				717	5	MO S/L	717	0
10	94 MACK gear box/core Repair gear box	12/03/04	1,013				1,013	5	MO S/L	1,013	0
11	94 MACK flooring Repair floor	4/28/06	607				607	5	MO S/L	607	0
12	94 MACK painting Paint	8/10/07	5,635				5,635	5	MO S/L	5,635	0
13	94 MACK signage Lettering	9/01/07	1,785				1,785	5	MO S/L	1,785	0
14	94 MACK decals Decals from AAA Flag &	3/01/09	4,443				4,443	5	MO S/L	4,443	0
15	94 MACK clutch Replace clutch & fly whee	6/05/09	2,865				2,865	5	MO S/L	2,865	0
16	94 MACK brakes Brake job	6/15/10	2,981				2,981	5	MO S/L	2,981	0
17	Toyota 3000 Electric Forklift	6/01/99	21,018				21,018	5	MO S/L	21,018	0
18	99 Isuzu NPR	4/01/99	28,190				28,190	5	MO S/L	28,190	0
19	99 Isuzu NPR additions Logos for 99 Isuzu	6/01/99	446				446	5	MO S/L	446	0
20	99 Isuzu NPR additions Monarch overpaym	8/01/99	0				0	0	HY	0	0
21	99 Isuzu NPR additions Work Order 00137	5/01/99	315				315	5	MO S/L	315	0
22	99 Isuzu NPR additions Water pump	7/06/06	636				636	5	MO S/L	636	0
23	99 Isuzu NPR painting Paint	8/19/07	4,664				4,664	5	MO S/L	4,664	0
24	99 Isuzu NPR signage Lettering	9/06/07	1,460				1,460	5	MO S/L	1,460	0
25	99 Isuzu decals Decals from AAA Flag & B	3/01/09	3,190				3,190	5	MO S/L	3,190	0
26	Ford F550 Box & Reefer	4/19/04	50,000				50,000	5	MO S/L	50,000	0
27	Ford F550 Box Additions Ford F550 Liftgat	1/22/04	3,531				3,531	5	MO S/L	3,531	0
28	Ford F550 Box Additions Ford F550 Liftgat	11/10/03	2,842				2,842	5	MO S/L	2,842	0
29	Ford F550 Box Additions Ford F550 Decals	3/22/04	572				572	5	MO S/L	572	0
30	Ford F550 Box Additions Ford F550 Regist	4/27/04	5,130				5,130	5	MO S/L	5,130	0
31	Ford F550 Box Additions Ford F550 Logo/	4/20/04	529				529	5	MO S/L	529	0
32	2004 Ford F550 engine Rebuilt engine	11/30/09	7,500				7,500	5	MO S/L	7,500	0
33	2004 Ford F550 engine harness New engine	7/02/10	1,841				1,841	5	MO S/L	1,841	0
34	2004 Ford F550 oil pump branch tube assen	1/26/11	5,468				5,468	5	MO S/L	5,468	0
35	2004 Ford F550 refr diesel upgrade Install r	11/10/11	4,376				4,376	5	MO S/L	4,011	365
36	2004 Ford F550 oil pump/fuel pump/regula	5/16/12	3,582				3,582	5	MO S/L	2,925	657
37	2002 Ford Van	11/13/02	20,720				20,720	5	MO S/L	20,720	0
38	3000# Toyota Electric Forklift	4/01/00	23,715				23,715	5	MO S/L	23,715	0
39	Toyota forklift battery (new) Hawker battery	12/27/11	6,180				6,180	5	MO S/L	5,562	618
40	Toyota forklift battery (new) Hawker battery	3/03/08	5,518				5,518	5	MO S/L	5,518	0
41	Reconditioned Forklift battery	5/06/06	1,630				1,630	3	MO S/L	1,630	0
42	Forklift motor assembly-pump Model 5FBF	6/07/07	4,765				4,765	3	MO S/L	4,765	0
43	GMC 2001 C6500 truck (Vitamin)	12/15/04	29,830				29,830	5	MO S/L	29,830	0
44	GMC 2001 C6500 truck (Vitamin) Kurtt-rej	6/06/06	2,194				2,194	5	MO S/L	2,194	0
45	GMC C6500 truck lettering (Vitamin)	12/15/04	1,200				1,200	5	MO S/L	1,200	0
46	2001 GMC C6500 decals Decals from AAA	3/01/09	5,094				5,094	5	MO S/L	5,094	0
47	2001 GMC C6500 trans Rebuilt transmissio	5/11/10	3,900				3,900	5	MO S/L	3,900	0
48	2001 GMC C6500 truck repair Replace wat	6/29/11	1,188				1,188	5	MO S/L	1,188	0
49	Toyota forklift New water pump thermostat	8/25/09	1,168				1,168	5	MO S/L	1,168	0
50	Toyota forklift (propane) repair New brake	7/18/11	2,328				2,328	5	MO S/L	2,328	0
51	Yale forklift battery charger	2/08/10	1,459				1,459	5	MO S/L	1,459	0
52	Raymond standup forklift w/battery & charg	3/11/10	18,573				18,573	5	MO S/L	18,573	0
53	Electric Toyota forklift tilt cyclinder Leaki	10/22/10	1,478				1,478	5	MO S/L	1,478	0
54	Raymond reach truck S#EZ-D-06-35246	5/27/11	19,447				19,447	5	MO S/L	19,447	0
55	Raymond Walkie pallet jack S#102-10-180	5/27/11	4,344				4,344	5	MO S/L	4,344	0
57	Trailer-1989 Hackney Vehicle ID#1HHVT	10/05/11	11,000				11,000	5	MO S/L	10,267	733
58	01 Peterbilt tractor Purchased from SHFB S	1/13/12	12,000				12,000	5	MO S/L	10,800	1,200
59	08 GMC C6500 truck Propane powered 24'	3/27/12	33,137				33,137	5	MO S/L	28,167	4,970
60	Raymond Handling Concepts Model 18-125	4/20/12	6,484				6,484	5	MO S/L	5,403	1,081
61	08 GMC C6500 truck Propane powered 24'	8/29/12	33,648				33,648	5	MO S/L	25,797	6,730
62	01 Peterbilt tractor PM filter installation (	8/29/12	9,777				9,777	5	MO S/L	7,495	1,956
63	Toyota forklift (Bonnie) Remove & replc bc	8/20/12	1,758				1,758	5	MO S/L	1,348	351
64	01 Peterbilt tractor PM filter installation (	10/08/12	10,955				10,955	5	MO S/L	8,034	2,191
65	01 GMC Replace transmission	10/10/12	3,846				3,846	5	MO S/L	2,821	769
66	08 GMC C6500 truck Replace radiator	3/11/13	1,618				1,618	5	MO S/L	1,052	324
67	Toyota forklift Rplce electric lift motor	5/20/13	2,755				2,755	5	MO S/L	1,699	551
68	09 Raymond forklift 4400C35TT s/n 440-0	6/18/13	16,275				16,275	5	MO S/L	9,765	3,255
69	09 Toyota 3000# forklift s/n 7FBEU15	8/30/13	17,252				17,252	5	MO S/L	10,351	3,450

77-0326685

Federal Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
70	01 Peterbilt tractor Turbo/injector repair	12/27/13	6,759				6,759	5	MO S/L	3,380	1,352
71	04Ford (Agency) Replc turbo	5/13/14	3,452				3,452	5	MO S/L	1,496	690
72	Distribution Freezer System	11/04/02	20,175				20,175	7	MO S/L	20,175	0
73	Moved Compressor Cost	10/13/03	2,564				2,564	7	MO S/L	2,564	0
74	New freezer door/frame heaters	6/24/05	2,596				2,596	7	MO S/L	2,596	0
75	New motor/capacitor	6/23/10	1,418				1,418	7	MO S/L	1,216	202
76	Distribution Refrigerator System	11/04/02	14,693				14,693	7	MO S/L	14,693	0
77	Triad electrical work for installion	10/01/02	8,350				8,350	7	MO S/L	8,350	0
78	Relocate Conden. WI Free/Refriger	10/15/03	3,994				3,994	7	MO S/L	3,994	0
79	Cooler/freezer (large) Temperature controls	5/12/11	1,493				1,493	5	MO S/L	1,493	0
80	Cooler/freezer (large) Temperature controls	5/23/11	1,493				1,493	5	MO S/L	1,493	0
81	Walk in cooler & freezer (#3 & 6) Safety sei	2/01/12	2,450				2,450	5	MO S/L	2,123	327
82	Freezer Door System Remove old/install nev	6/19/13	22,555				22,555	7	MO S/L	9,666	3,223
83	Generator	2/01/97	13,431				13,431	5	MO S/L	13,431	0
84	Heatrise Detector	3/31/94	1,500				1,500	5	MO S/L	1,500	0
85	Scalepallet	2/01/98	2,355				2,355	5	MO S/L	2,355	0
86	Scale repair (ABM Scale Company)	5/06/06	969				969	5	MO S/L	969	0
88	Sinks	3/31/94	200				200	5	MO S/L	200	0
89	Alarm System upgrade	6/01/99	2,604				2,604	5	MO S/L	2,604	0
90	Distribution carts (2)	3/01/00	695				695	5	MO S/L	695	0
91	Distribution carts (3)	6/06/03	971				971	5	MO S/L	971	0
92	Distribution Scale	11/01/02	1,048				1,048	5	MO S/L	1,048	0
93	6 utility carts/distribution center (long ski	3/01/00	1,328				1,328	5	MO S/L	1,328	0
95	4-way pallet truck	2/06/06	1,059				1,059	5	MO S/L	1,059	0
96	10 bins	10/31/04	602				602	5	MO S/L	602	0
97	Platform scale (Vitamin)	4/06/05	2,401				2,401	5	MO S/L	2,401	0
98	Rand 1/2 cu yd steel hopper	5/06/06	811				811	5	MO S/L	811	0
99	Rand 48x40 forklift work platform	5/01/06	620				620	5	MO S/L	620	0
100	Datamax I Series printer GSE Model 662 In	7/06/06	4,565				4,565	5	MO S/L	4,565	0
101	Datamax I Series printer Installation freight	7/06/06	861				861	5	MO S/L	861	0
102	Datamax I Series printer Labor shipping fee	7/06/06	4,518				4,518	5	MO S/L	4,518	0
103	Elec pallet jack s/n 102-06-05314	8/06/06	4,141				4,141	5	MO S/L	4,141	0
104	Maytag refrigerator certificate MTB2195AE	10/06/06	0				0	0	HY	0	0
105	Maytag refrigerator MTB2195AEW	10/06/06	819				819	5	MO S/L	819	0
106	GSE PT 820C 500# Portable floor scale	12/27/06	3,109				3,109	5	MO S/L	3,109	0
107	Portatronic Model 800 GSE Floor scale	3/01/07	3,116				3,116	5	MO S/L	3,116	0
108	Datamax W-class table printer Superior Cas	8/07/07	22,353				22,353	5	MO S/L	22,353	0
109	Unisource stretch wrapper DI Q300 wrapper	8/07/07	12,139				12,139	5	MO S/L	12,139	0
110	Datamax add firt + optic eye Superior Case C	8/07/07	1,229				1,229	5	MO S/L	1,229	0
111	GSE Floor Scale Model 820C Scales Unlim	1/14/08	3,082				3,082	5	MO S/L	3,082	0
112	Earth Tub commercial-duty compost system	6/09/09	8,000				8,000	5	MO S/L	8,000	0
113	Triad Electric Earth tub wiring	7/01/09	3,200				3,200	5	MO S/L	3,200	0
114	Raymond Handling Concepts 2 electric palle	2/19/10	9,630				9,630	5	MO S/L	9,630	0
115	6 tables mobile stainless steel	11/02/10	6,758				6,758	5	MO S/L	6,758	0
116	6 tables mobile stainless steel	1/07/11	6,758				6,758	5	MO S/L	6,758	0
117	Floor scrubber walk behind Model 5680 s/n	3/09/12	11,009				11,009	5	MO S/L	9,357	1,652
118	Table	10/01/98	595				595	2	MO S/L	595	0
119	PR Portable 5-Channel Receiver CSI Confe	9/06/06	4,465				4,465	5	MO S/L	4,465	0
120	InFocus Digital Media Projector Projector o	2/07/07	606				606	5	MO S/L	606	0
121	InFocus Digital Media Projector Rebate	2/07/07	0				0	0	HY	0	0
122	Global Concepts New workstations	7/10/09	4,916				4,916	7	MO S/L	4,858	58
123	Global Concepts New workstations	10/01/09	8,837				8,837	7	MO S/L	8,522	315
124	Pitney Bowes postage machine	9/16/10	3,196				3,196	5	MO S/L	3,196	0
125	Sanyo Ultra Portable Projector SN:6081446	1/08/11	1,142				1,142	5	MO S/L	1,142	0
126	Telephone System (Telco) Telco system w/S	5/23/11	42,562				42,562	5	MO S/L	42,562	0
127	A/V mount equip spkrs & installation	10/25/11	1,671				1,671	5	MO S/L	1,560	111
128	Roof Hatch	12/09/11	1,501				1,501	5	MO S/L	1,351	150
129	Motorized r/u Overhead Door	3/23/12	2,896				2,896	5	MO S/L	2,413	483
130	Triad Electric	4/03/12	348				348	5	MO S/L	290	58
131	Triad Electric	7/19/13	1,995				1,995	5	MO S/L	1,164	399
132	Tino's Plumbing	7/22/13	750				750	5	MO S/L	438	150
133	2 Laptops (\$1436.94 ea) and 1 LP500 Proje	12/01/02	5,725				5,725	5	MO S/L	5,725	0
134	Server hubs and cables	8/15/01	1,910				1,910	5	MO S/L	1,910	0
135	HP 4700N color laser printer SN: JPLLB21	8/09/06	1,952				1,952	5	MO S/L	1,952	0
136	HP Bus Desktop DX2200 SN: CNC61818C	9/06/06	1,030				1,030	5	MO S/L	1,030	0
137	HP Bus Desktop DX2200 SN: MXL6420H	12/06/06	647				647	5	MO S/L	647	0
138	HP Bus Desktop DX2200 SN: MXL7030M	4/07/07	593				593	5	MO S/L	593	0
139	WMS from 7420 (RV's)	6/01/07	10,285				10,285	5	MO S/L	10,285	0
140	WMS on RV's invoice	6/01/07	2,631				2,631	5	MO S/L	2,631	0
141	WMS program updates	3/09/10	2,300				2,300	5	MO S/L	2,300	0
142	HP StorageWorks D2D120 SN: Hu17070W	9/05/07	2,981				2,981	5	MO S/L	2,981	0

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Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
143	HP Desktop DX2250 SN: MXL737169K	12/07/07	648				648	5	MO S/L	648	0
144	HP Desktop DX2250 SN: MXL7440B1D	2/01/08	967				967	5	MO S/L	967	0
145	HP Desktop DX2250 SN: MXL73800X5	2/01/08	1,010				1,010	5	MO S/L	1,010	0
146	HP Desktop DC5800 SN: MXM8190N9K	6/30/08	1,240				1,240	5	MO S/L	1,240	0
147	APC NetShelter SX Enclosure (server rack)	7/31/08	2,488				2,488	5	MO S/L	2,488	0
148	Cisco ASA 5505 Firewall sw (50 usrs) SN: ,	7/31/08	643				643	5	MO S/L	643	0
149	HP Compaq Desktop dc5750 MXM82404D	10/01/08	1,250				1,250	5	MO S/L	1,250	0
150	Acer Aspire 3000 Laptop SN: LXA550510	10/01/08	495				495	5	MO S/L	495	0
151	HP Compaq Desktop dx2400 SN: SMXM8	11/08/08	1,084				1,084	5	MO S/L	1,084	0
152	HP Compaq Notebook 6735b SN: CNU911	6/03/09	963				963	5	MO S/L	963	0
153	HP Thin Client t5630 SN: S4CI92005FZ	6/03/09	1,205				1,205	5	MO S/L	1,205	0
154	HP Thin Client t5630 SN: S4CI92005GR	6/03/09	1,205				1,205	5	MO S/L	1,205	0
155	HP Compaq Desktop dx2400 SN: MXL914	6/04/09	929				929	5	MO S/L	929	0
156	HP Compaq Desktop dx2400 SN: MXL914	6/04/09	833				833	5	MO S/L	833	0
157	HP Compaq Desktop dc5850 SN: MXL939	10/30/09	997				997	5	MO S/L	997	0
158	HP Compaq Desktop dc5850 SN: MXL939	11/12/09	1,104				1,104	5	MO S/L	1,104	0
159	Lenovo G550 2958 T T4300 SN: 1S2958A	12/01/09	659				659	5	MO S/L	659	0
160	HP Pro 3000 MT Microtower SN: SMXL9	3/09/10	930				930	5	MO S/L	930	0
161	Dell Vostro 220 SN: CGCZNL1	3/25/10	545				545	5	MO S/L	545	0
162	HP Compaq 505 B (EN) SN: MXL00514NI	5/17/10	909				909	5	MO S/L	909	0
163	HP Compaq 6000 (BP) SN: MXL01216N6	5/12/10	938				938	5	MO S/L	938	0
164	Lenovo ThinkPad SL410 SN: LRXCXW5	5/12/10	706				706	5	MO S/L	706	0
165	Dell Vostro 220 SN: CGB0PL1	5/12/10	789				789	5	MO S/L	789	0
166	HP Business Desktop 6000 Pro SN: SMXL	11/11/10	1,293				1,293	5	MO S/L	1,293	0
167	HP Business Desktop 6000 SN: SMXL950C	10/29/10	1,200				1,200	5	MO S/L	1,200	0
168	Compaq 6000 Pro Desktop SN: SMXL022F	11/10/10	1,272				1,272	5	MO S/L	1,272	0
169	HP ProLiant DL380 Server SN: 2M204402	11/22/10	30,322				30,322	5	MO S/L	30,322	0
170	Oki B431DN LED printer SN: SAK080617	11/22/10	483				483	5	MO S/L	483	0
171	Fileserver Deployment Dec 2010 implemen	12/14/10	2,136				2,136	5	MO S/L	2,136	0
172	Fileserver Deployment Jan 2011 implement	1/24/11	2,100				2,100	5	MO S/L	2,100	0
173	Fileserver Deployment Exchange deployme	1/24/11	3,255				3,255	5	MO S/L	3,255	0
174	Fileserver Deployment SQL deployment	1/28/11	1,680				1,680	5	MO S/L	1,680	0
175	Fileserver Deployment Vhost deployment	1/27/11	1,418				1,418	5	MO S/L	1,418	0
176	Fileserver Deployment DC2 deployment	1/16/11	473				473	5	MO S/L	473	0
177	Fileserver Deployment HPSC11Xe Ultra 32	1/31/11	216				216	5	MO S/L	216	0
178	Fileserver Deployment Comodo Unified Co	1/31/11	436				436	5	MO S/L	436	0
179	Fileserver Deployment HP StorageWorks G	1/31/11	591				591	5	MO S/L	591	0
180	Fileserver Deployment Server Implementatic	2/11/11	3,675				3,675	5	MO S/L	3,675	0
181	Dell Vostro v13 laptop SN: 7F2BJM1	2/09/11	562				562	5	MO S/L	562	0
182	HP Business Desktop 6000 Pro SN: SMXL	2/28/11	764				764	5	MO S/L	764	0
183	Dell Vostro 468-5910 Desktop SN: 93JBM1	2/28/11	545				545	5	MO S/L	545	0
184	HP Business Desktop LA048UT SN: SMXI	4/01/11	1,000				1,000	5	MO S/L	1,000	0
185	HP Business Desktop LA048UT SN: SMXI	4/01/11	764				764	5	MO S/L	764	0
186	HP Business Desktop LA048UT SN: SMXI	4/01/11	764				764	5	MO S/L	764	0
187	HP Business Desktop LA048UT SN: SMXI	4/01/11	764				764	5	MO S/L	764	0
188	HP Business Desktop LA048UT SN: SMXI	4/01/11	764				764	5	MO S/L	764	0
189	HP Business Desktop LA048UT SN: SMXI	4/01/11	764				764	5	MO S/L	764	0
190	HP Business Desktop LA048UT SN: SMXI	4/01/11	764				764	5	MO S/L	764	0
191	HP Business Desktop SN: SMXL1021XME	6/03/11	1,000				1,000	5	MO S/L	1,000	0
192	HP Business Desktop LA048UT SN: SMXI	5/04/11	1,033				1,033	5	MO S/L	1,033	0
193	Acer Aspire Notebook SN: LXRCY020121	6/29/11	1,446				1,446	5	MO S/L	1,446	0
194	HP Business Desktop VS883UT SN: SMXI	8/01/11	806				806	5	MO S/L	779	27
195	Apple I Pad (Dev) SN: DMPH182CDKPL	2/28/12	710				710	5	MO S/L	603	107
196	Lenovo Moble w/s SN: R0-MC87W 12/03	3/26/12	812				812	5	MO S/L	690	122
197	Apple I Pad (Willy's) SN: DN6H2LT3DFH	2/18/12	817				817	5	MO S/L	708	109
198	Lenovo ThinkPad Edge 15 SN: LROFITT	5/23/12	541				541	5	MO S/L	442	99
199	Lenovo ThinkPad Edge 15 SN: LROFTVA	5/23/12	541				541	5	MO S/L	442	99
200	Lenovo ThinkPad Edge 15 SN: R9M9C57	5/23/12	596				596	5	MO S/L	486	110
201	Buffalo USB 3.0 Backup SN:95577120602	6/28/12	205				205	5	MO S/L	164	41
202	Buffalo USB 3.0 Backup SN:95577120601	6/28/12	205				205	5	MO S/L	164	41
203	Lenovo Laptop S/N:LR-6RMTV	6/28/12	567				567	5	MO S/L	454	113
204	Lenovo Laptop S/N:LR-6LATR	6/28/12	567				567	5	MO S/L	454	113
205	Lenovo Laptop S/N:LR-6MPYM	6/28/12	567				567	5	MO S/L	454	113
206	In Win Desktop S/N:16124169500023	6/28/12	758				758	5	MO S/L	607	151
207	In Win Desktop S/N:16121073100001	6/28/12	758				758	5	MO S/L	607	151
208	Thinkpad Edge E530 Laptop S/N:MP-OXY	8/31/12	596				596	5	MO S/L	457	119
209	Thinkpad Edge E530 Laptop S/N:MP-OXY	8/31/12	596				596	5	MO S/L	457	119
210	2-HP DL380p Servers & components SN:2	6/17/13	33,459				33,459	7	MO S/L	14,340	4,779
211	APC smart UPS SMT300RM2U	7/01/13	1,227				1,227	7	MO S/L	526	175
212	Donor Quest Software	12/01/95	945				945	3	MO S/L	945	0
213	Navision Upgrade Renewal	5/30/02	2,226				2,226	3	MO S/L	2,226	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
214	Ceres Navision software	7/01/01	22,421				22,421	3 MO S/L	22,421	0
215	Ceres Navision software Report Designer M	6/14/04	1,463				1,463	3 MO S/L	1,463	0
216	Ceres Navision software User session incr fi	7/22/10	1,990				1,990	3 MO S/L	1,990	0
217	Navision 5.0 upgrade SQL 2005 migration	10/17/08	6,640				6,640	3 MO S/L	6,640	0
218	Ceres 2009 Navision software SR-0001074	11/26/13	160				160	5 MO S/L	64	32
219	Ceres 2009 Navision software SR-0001074	12/03/13	160				160	5 MO S/L	64	32
220	Ceres 2009 Navision software SR-0001074	12/09/13	400				400	5 MO S/L	160	80
221	Ceres 2009 Navision software SR-0001074	12/17/13	160				160	5 MO S/L	64	32
222	Ceres 2009 Navision software SR-0001074	12/23/13	160				160	5 MO S/L	64	32
223	Ceres 2009 Navision software Orientation	1/07/14	160				160	5 MO S/L	64	32
224	Larry Hokaj Ceres 2009 - Travel reimb	1/05/14	1,597				1,597	5 MO S/L	639	319
225	Ceres 2009 Navision software Orientation/t	1/13/14	4,800				4,800	5 MO S/L	1,920	960
226	Larry Hokaj Ceres 2009 - Travel reimb	1/21/14	1,916				1,916	5 MO S/L	766	384
227	Ceres 2009 Navision software Orientation/S	1/21/14	160				160	5 MO S/L	64	32
228	Larry Hokaj Ceres 2009 Implentation - Bill	2/21/14	6,959				6,959	5 MO S/L	2,783	1,392
229	Ceres 2009 Navision software Analysis/orer	1/28/14	400				400	5 MO S/L	160	80
230	Ceres 2009 Navision software Travel reinb	2/03/14	1,490				1,490	5 MO S/L	596	298
231	Ceres 2009 Navision software Analysis/Gap	2/04/14	6,400				6,400	5 MO S/L	2,560	1,280
232	Ceres 2009 Navision software Analysis/Gap	2/11/14	320				320	5 MO S/L	128	64
233	Ceres 2009 Navision software Travel reinb	1/21/14	1,286				1,286	5 MO S/L	514	257
234	Ceres 2009 Navision software Analysis/Gap	2/18/14	640				640	5 MO S/L	256	128
235	Ceres 2009 Navision software Analysis/Gap	2/24/14	2,880				2,880	5 MO S/L	1,152	576
236	Larry Hokaj Ceres 2009 - Travel reimb	2/28/14	2,069				2,069	5 MO S/L	828	414
237	Ceres 2009 Navision software Analysis/Gap	3/04/14	680				680	5 MO S/L	272	136
238	Larry Hokaj Ceres 2009 Implentation - Bill	3/10/14	7,994				7,994	5 MO S/L	3,198	1,598
239	Ceres 2009 Jet Reports 3 day Report Writin	3/11/14	5,995				5,995	5 MO S/L	2,398	1,199
240	Ceres 2009 Jet Reports Essentials Corp Pkg	3/13/14	6,954				6,954	5 MO S/L	2,782	1,391
241	Larry Hokaj Ceres 2009 - Travel reimb	3/12/14	1,501				1,501	5 MO S/L	600	301
242	Ceres 2009 Navision software Analysis/Gap	3/17/14	2,400				2,400	5 MO S/L	960	480
243	Ceres 2009 Navision software Analysis/Gap	3/24/14	3,680				3,680	5 MO S/L	1,472	736
244	Ceres 2009 Navision software System Conf	3/31/14	560				560	5 MO S/L	224	112
245	Ceres 2009 Navision software Analysis	3/31/14	350				350	5 MO S/L	140	70
246	Ceres 2009 Navision software System Conf	4/07/14	800				800	5 MO S/L	320	160
247	Larry Hokaj Ceres 2009 Implentation - Bill	4/14/14	4,656				4,656	5 MO S/L	1,862	932
248	Ceres 2009 Navision software System Conf	4/15/14	1,440				1,440	5 MO S/L	576	288
249	Larry Hokaj Ceres 2009 - Travel reimb	4/19/14	1,461				1,461	5 MO S/L	584	293
250	Ceres 2009 Navision software System Conf	4/22/14	800				800	5 MO S/L	320	160
251	Ceres 2009 Navision software Develop A I	4/22/14	1,269				1,269	5 MO S/L	508	253
252	Santa Cruz Electronics Power extensions (	4/25/14	56				56	5 MO S/L	22	12
253	Santa Cruz Electronics Cable/mousepads/w	4/27/14	90				90	5 MO S/L	36	18
254	Ceres 2009 Navision software System Conf	4/29/14	1,960				1,960	5 MO S/L	784	392
255	Ceres 2009 Navision software Develop C d	4/29/14	1,094				1,094	5 MO S/L	438	218
256	Ceres 2009 BFCU Visa (Zell) Materials for	5/02/14	1,447				1,447	5 MO S/L	579	289
257	Ceres 2009 Navision software - Rick Ferreir	5/05/14	1,926				1,926	5 MO S/L	770	386
258	Ceres 2009 Navision software Training & T	5/05/14	6,880				6,880	5 MO S/L	2,752	1,376
259	Larry Hokaj Ceres 2009 - Travel reimb 4/26	5/04/14	1,604				1,604	5 MO S/L	642	320
260	Ceres 2009 Navision software Training & T	5/13/14	280				280	5 MO S/L	112	56
261	Central Electric (Instal ceiling outlet for p	5/16/14	566				566	5 MO S/L	226	114
262	Ceres 2009 Navision software System Conf	5/21/14	1,000				1,000	5 MO S/L	400	200
263	Ceres 2009 Navision software Agency/Impc	5/21/14	963				963	5 MO S/L	385	193
264	Ceres 2009 Navision software System Conf	5/27/14	480				480	5 MO S/L	192	96
265	Larry Hokaj Ceres 2009 Implentation - Bill	6/02/14	6,187				6,187	5 MO S/L	2,475	1,237
266	Ceres 2009 Jet Reports Travel reimb	5/27/14	1,303				1,303	5 MO S/L	521	261
267	Ceres 2009 BFCU Visa (Zell) Materials for	5/31/14	991				991	5 MO S/L	397	198
268	Ceres 2009 Navision software Brooke: don	6/02/14	0				0	0 HY	0	0
269	Ceres 2009 Navision software Training & T	6/02/14	480				480	5 MO S/L	192	96
270	Ceres 2009 Jet Reports Airfare reimb - M F	6/03/14	303				303	5 MO S/L	121	61
271	Ceres 2009 Navision software Training & T	6/10/14	320				320	5 MO S/L	128	64
272	Ceres 2009 Navision software System Conf	6/18/14	160				160	5 MO S/L	64	32
273	Larry Hokaj Ceres 2009 - Travel reimb 5/28	6/02/14	1,812				1,812	5 MO S/L	725	362
274	Larry Hokaj Ceres 2009 Implentation - Bill	6/20/14	12,023				12,023	5 MO S/L	4,809	2,405
275	Ceres 2009 Navision software System Conf	6/24/14	2,640				2,640	5 MO S/L	1,056	528
276	Ceres 2009 Navision software Production c	6/30/14	5,840				5,840	5 MO S/L	2,336	1,168
277	Land	12/01/04	627,898				627,898	0 -- Land	0	0
Total Other Depreciation			8,392,246				8,392,246		2,529,931	289,380
Total ACRS and Other Depreciation			8,392,246				8,392,246		2,529,931	289,380

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		8,392,246			8,392,246		2,529,931	289,380
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>8,392,246</u>			<u>8,392,246</u>		<u>2,529,931</u>	<u>289,380</u>

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CA Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Other Depreciation:								
1	Warehouse Initial occupancy	12/10/04	767,431	767,431	295,610	25,581	25,581	0
2	Warehouse Phase 1 Capitalization	1/01/08	1,486,733	1,486,733	421,241	49,558	49,558	0
3	Warehouse Phase 2 + solar capitalization	7/01/09	737,151	737,151	172,002	24,572	24,572	0
4	Warehouse Phase 3 Capitalization	7/01/10	1,728,940	1,728,940	345,788	57,631	57,631	0
5	Warehouse Phase 4	7/01/11	974,189	974,189	162,365	32,473	32,473	0
6	Warehouse Phase 5	7/01/12	899,744	899,744	119,966	29,991	29,991	0
7	Toyota	3/31/94	14,938	14,938	14,938	0	0	0
8	94 MACK box	9/01/94	54,147	54,147	54,147	0	0	0
9	94 MACK box Floor plate repair	9/01/97	717	717	717	0	0	0
10	94 MACK gear box/core Repair gear box	12/03/04	1,013	1,013	1,013	0	0	0
11	94 MACK flooring Repair floor	4/28/06	607	607	607	0	0	0
12	94 MACK painting Paint	8/10/07	5,635	5,635	5,635	0	0	0
13	94 MACK signage Lettering	9/01/07	1,785	1,785	1,785	0	0	0
14	94 MACK decals Decals from AAA Flag &	3/01/09	4,443	4,443	4,443	0	0	0
15	94 MACK clutch Replace clutch & fly whee	6/05/09	2,865	2,865	2,865	0	0	0
16	94 MACK brakes Brake job	6/15/10	2,981	2,981	2,981	0	0	0
17	Toyota 3000 Electric Forklift	6/01/99	21,018	21,018	21,018	0	0	0
18	99 Isuzu NPR	4/01/99	28,190	28,190	28,190	0	0	0
19	99 Isuzu NPR additions Logos for 99 Isuzu	6/01/99	446	446	446	0	0	0
20	99 Isuzu NPR additions Monarch overpaym	8/01/99	0	0	0	0	0	0
21	99 Isuzu NPR additions Work Order 00137	5/01/99	315	315	315	0	0	0
22	99 Isuzu NPR additions Water pump	7/06/06	636	636	636	0	0	0
23	99 Isuzu NPR painting Paint	8/19/07	4,664	4,664	4,664	0	0	0
24	99 Isuzu NPR signage Lettering	9/06/07	1,460	1,460	1,460	0	0	0
25	99 Isuzu decals Decals from AAA Flag & B	3/01/09	3,190	3,190	3,190	0	0	0
26	Ford F550 Box & Reefer	4/19/04	50,000	50,000	50,000	0	0	0
27	Ford F550 Box Additions Ford F550 Liftgat	1/22/04	3,531	3,531	3,531	0	0	0
28	Ford F550 Box Additions Ford F550 Liftgat	11/10/03	2,842	2,842	2,842	0	0	0
29	Ford F550 Box Additions Ford F550 Decals	3/22/04	572	572	572	0	0	0
30	Ford F550 Box Additions Ford F550 Regist	4/27/04	5,130	5,130	5,130	0	0	0
31	Ford F550 Box Additions Ford F550 Logo/	4/20/04	529	529	529	0	0	0
32	2004 Ford F550 engine Rebuilt engine	11/30/09	7,500	7,500	7,500	0	0	0
33	2004 Ford F550 engine harness New engine	7/02/10	1,841	1,841	1,841	0	0	0
34	2004 Ford F550 oil pump branch tube assen	1/26/11	5,468	5,468	5,468	0	0	0
35	2004 Ford F550 refr diesel upgrade Install r	11/10/11	4,376	4,376	4,011	365	365	0
36	2004 Ford F550 oil pump/fuel pump/regula	5/16/12	3,582	3,582	2,925	657	657	0
37	2002 Ford Van	11/13/02	20,720	20,720	20,720	0	0	0
38	3000# Toyota Electric Forklift	4/01/00	23,715	23,715	23,715	0	0	0
39	Toyota forklift battery (new) Hawker battery	12/27/11	6,180	6,180	5,562	618	618	0
40	Toyota forklift battery (new) Hawker battery	3/03/08	5,518	5,518	5,518	0	0	0
41	Reconditioned Forklift battery	5/06/06	1,630	1,630	1,630	0	0	0
42	Forklift motor assembly-pump Model 5FBF	6/07/07	4,765	4,765	4,765	0	0	0
43	GMC 2001 C6500 truck (Vitamin)	12/15/04	29,830	29,830	29,830	0	0	0
44	GMC 2001 C6500 truck (Vitamin) Kurtt-rej	6/06/06	2,194	2,194	2,194	0	0	0
45	GMC C6500 truck lettering (Vitamin)	12/15/04	1,200	1,200	1,200	0	0	0
46	2001 GMC C6500 decals Decals from AAA	3/01/09	5,094	5,094	5,094	0	0	0
47	2001 GMC C6500 trans Rebuilt transmissio	5/11/10	3,900	3,900	3,900	0	0	0
48	2001 GMC C6500 truck repair Replace wat	6/29/11	1,188	1,188	1,188	0	0	0
49	Toyota forklift New water pump thermostat	8/25/09	1,168	1,168	1,168	0	0	0
50	Toyota forklift (propane) repair New brake	7/18/11	2,328	2,328	2,328	0	0	0
51	Yale forklift battery charger	2/08/10	1,459	1,459	1,459	0	0	0
52	Raymond standup forklift w/battery & charg	3/11/10	18,573	18,573	18,573	0	0	0
53	Electric Toyota forklift tilt cyclinder Leaki	10/22/10	1,478	1,478	1,478	0	0	0
54	Raymond reach truck S#EZ-D-06-35246	5/27/11	19,447	19,447	19,447	0	0	0
55	Raymond Walkie pallet jack S#102-10-180	5/27/11	4,344	4,344	4,344	0	0	0
57	Trailer-1989 Hackney Vehicle ID#1HHVT	10/05/11	11,000	11,000	10,267	733	733	0
58	01 Peterbilt tractor Purchased from SHFB S	1/13/12	12,000	12,000	10,800	1,200	1,200	0
59	08 GMC C6500 truck Propane powered 24'	3/27/12	33,137	33,137	28,167	4,970	4,970	0
60	Raymond Handling Concepts Model 18-125	4/20/12	6,484	6,484	5,403	1,081	1,081	0
61	08 GMC C6500 truck Propane powered 24'	8/29/12	33,648	33,648	25,797	6,730	6,730	0
62	01 Peterbilt tractor PM filter installation (	8/29/12	9,777	9,777	7,495	1,956	1,956	0
63	Toyota forklift (Bonnie) Remove & replc bc	8/20/12	1,758	1,758	1,348	351	351	0
64	01 Peterbilt tractor PM filter installation (	10/08/12	10,955	10,955	8,034	2,191	2,191	0
65	01 GMC Replace transmission	10/10/12	3,846	3,846	2,821	769	769	0
66	08 GMC C6500 truck Replace radiator	3/11/13	1,618	1,618	1,052	324	324	0
67	Toyota forklift Rplce electric lift motor	5/20/13	2,755	2,755	1,699	551	551	0
68	09 Raymond forklift 4400C35TT s/n 440-0	6/18/13	16,275	16,275	9,765	3,255	3,255	0
69	09 Toyota 3000# forklift s/n 7FBEU15	8/30/13	17,252	17,252	10,351	3,450	3,450	0

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70	01 Peterbilt tractor Turbo/injector repair	12/27/13	6,759	6,759	3,380	1,352	1,352	0
71	04Ford (Agency) Replc turbo	5/13/14	3,452	3,452	1,496	690	690	0
72	Distribution Freezer System	11/04/02	20,175	20,175	20,175	0	0	0
73	Moved Compressor Cost	10/13/03	2,564	2,564	2,564	0	0	0
74	New freezer door/frame heaters	6/24/05	2,596	2,596	2,596	0	0	0
75	New motor/capacitor	6/23/10	1,418	1,418	1,216	202	202	0
76	Distribution Refrigerator System	11/04/02	14,693	14,693	14,693	0	0	0
77	Triad electrical work for installion	10/01/02	8,350	8,350	8,350	0	0	0
78	Relocate Conden. WI Free/Refriger	10/15/03	3,994	3,994	3,994	0	0	0
79	Cooler/freezer (large) Temperature controls	5/12/11	1,493	1,493	1,493	0	0	0
80	Cooler/freezer (large) Temperature controls	5/23/11	1,493	1,493	1,493	0	0	0
81	Walk in cooler & freezer (#3 & 6) Safety sei	2/01/12	2,450	2,450	2,123	327	327	0
82	Freezer Door System Remove old/install nev	6/19/13	22,555	22,555	9,666	3,223	3,223	0
83	Generator	2/01/97	13,431	13,431	13,431	0	0	0
84	Heatrise Detector	3/31/94	1,500	1,500	1,500	0	0	0
85	Scalepallet	2/01/98	2,355	2,355	2,355	0	0	0
86	Scale repair (ABM Scale Company)	5/06/06	969	969	969	0	0	0
88	Sinks	3/31/94	200	200	200	0	0	0
89	Alarm System upgrade	6/01/99	2,604	2,604	2,604	0	0	0
90	Distribution carts (2)	3/01/00	695	695	695	0	0	0
91	Distribution carts (3)	6/06/03	971	971	971	0	0	0
92	Distribution Scale	11/01/02	1,048	1,048	1,048	0	0	0
93	6 utility carts/distribution center (long ski	3/01/00	1,328	1,328	1,328	0	0	0
95	4-way pallet truck	2/06/06	1,059	1,059	1,059	0	0	0
96	10 bins	10/31/04	602	602	602	0	0	0
97	Platform scale (Vitamin)	4/06/05	2,401	2,401	2,401	0	0	0
98	Rand 1/2 cu yd steel hopper	5/06/06	811	811	811	0	0	0
99	Rand 48x40 forklift work platform	5/01/06	620	620	620	0	0	0
100	Datamax I Series printer GSE Model 662 In	7/06/06	4,565	4,565	4,565	0	0	0
101	Datamax I Series printer Installation freight	7/06/06	861	861	861	0	0	0
102	Datamax I Series printer Labor shipping fee	7/06/06	4,518	4,518	4,518	0	0	0
103	Elec pallet jack s/n 102-06-05314	8/06/06	4,141	4,141	4,141	0	0	0
104	Maytag refrigerator certificate MTB2195AE	10/06/06	0	0	0	0	0	0
105	Maytag refrigerator MTB2195AEW	10/06/06	819	819	819	0	0	0
106	GSE PT 820C 500# Portable floor scale	12/27/06	3,109	3,109	3,109	0	0	0
107	Portatronic Model 800 GSE Floor scale	3/01/07	3,116	3,116	3,116	0	0	0
108	Datamax W-class table printer Superior Cas	8/07/07	22,353	22,353	22,353	0	0	0
109	Unisource stretch wrapper DI Q300 wrapper	8/07/07	12,139	12,139	12,139	0	0	0
110	Datamax add firt + optic eye Superior Case C	8/07/07	1,229	1,229	1,229	0	0	0
111	GSE Floor Scale Model 820C Scales Unlim	1/14/08	3,082	3,082	3,082	0	0	0
112	Earth Tub commercial-duty compost system	6/09/09	8,000	8,000	8,000	0	0	0
113	Triad Electric Earth tub wiring	7/01/09	3,200	3,200	3,200	0	0	0
114	Raymond Handling Concepts 2 electric palk	2/19/10	9,630	9,630	9,630	0	0	0
115	6 tables mobile stainless steel	11/02/10	6,758	6,758	6,758	0	0	0
116	6 tables mobile stainless steel	1/07/11	6,758	6,758	6,758	0	0	0
117	Floor scrubber walk behind Model 5680 s/n	3/09/12	11,009	11,009	9,357	1,652	1,652	0
118	Table	10/01/98	595	595	595	0	0	0
119	PR Portable 5-Channel Receiver CSI Confe	9/06/06	4,465	4,465	4,465	0	0	0
120	InFocus Digital Media Projector Projector o	2/07/07	606	606	606	0	0	0
121	InFocus Digital Media Projector Rebate	2/07/07	0	0	0	0	0	0
122	Global Concepts New workstations	7/10/09	4,916	4,916	4,858	58	58	0
123	Global Concepts New workstations	10/01/09	8,837	8,837	8,522	315	315	0
124	Pitney Bowes postage machine	9/16/10	3,196	3,196	3,196	0	0	0
125	Sanyo Ultra Portable Projector SN:6081446	1/08/11	1,142	1,142	1,142	0	0	0
126	Telephone System (Telco) Telco system w/S	5/23/11	42,562	42,562	42,562	0	0	0
127	A/V mount equip spkrs & installation	10/25/11	1,671	1,671	1,560	111	111	0
128	Roof Hatch	12/09/11	1,501	1,501	1,351	150	150	0
129	Motorized r/u Overhead Door	3/23/12	2,896	2,896	2,413	483	483	0
130	Triad Electric	4/03/12	348	348	290	58	58	0
131	Triad Electric	7/19/13	1,995	1,995	1,164	399	399	0
132	Tino's Plumbing	7/22/13	750	750	438	150	150	0
133	2 Laptops (\$1436.94 ea) and 1 LP500 Proje	12/01/02	5,725	5,725	5,725	0	0	0
134	Server hubs and cables	8/15/01	1,910	1,910	1,910	0	0	0
135	HP 4700N color laser printer SN: JPLLB21	8/09/06	1,952	1,952	1,952	0	0	0
136	HP Bus Desktop DX2200 SN: CNC61818C	9/06/06	1,030	1,030	1,030	0	0	0
137	HP Bus Desktop DX2200 SN: MXL6420H	12/06/06	647	647	647	0	0	0
138	HP Bus Desktop DX2200 SN: MXL7030M	4/07/07	593	593	593	0	0	0
139	WMS from 7420 (RV's)	6/01/07	10,285	10,285	10,285	0	0	0
140	WMS on RV's invoice	6/01/07	2,631	2,631	2,631	0	0	0
141	WMS program updates	3/09/10	2,300	2,300	2,300	0	0	0
142	HP StorageWorks D2D120 SN: Hu17070W	9/05/07	2,981	2,981	2,981	0	0	0

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143	HP Desktop DX2250 SN: MXL737169K	12/07/07	648	648	648	0	0	0
144	HP Desktop DX2250 SN: MXL7440B1D	2/01/08	967	967	967	0	0	0
145	HP Desktop DX2250 SN: MXL73800X5	2/01/08	1,010	1,010	1,010	0	0	0
146	HP Desktop DC5800 SN: MXM8190N9K	6/30/08	1,240	1,240	1,240	0	0	0
147	APC NetShelter SX Enclosure (server rack)	7/31/08	2,488	2,488	2,488	0	0	0
148	Cisco ASA 5505 Firewall sw (50 users) SN:	7/31/08	643	643	643	0	0	0
149	HP Compaq Desktop dc5750 MXM82404D	10/01/08	1,250	1,250	1,250	0	0	0
150	Acer Aspire 3000 Laptop SN: LXA550510	10/01/08	495	495	495	0	0	0
151	HP Compaq Desktop dx2400 SN: SMXM8	11/08/08	1,084	1,084	1,084	0	0	0
152	HP Compaq Notebook 6735b SN: CNU911	6/03/09	963	963	963	0	0	0
153	HP Thin Client t5630 SN: S4CI92005FZ	6/03/09	1,205	1,205	1,205	0	0	0
154	HP Thin Client t5630 SN: S4CI92005GR	6/03/09	1,205	1,205	1,205	0	0	0
155	HP Compaq Desktop dx2400 SN: MXL914	6/04/09	929	929	929	0	0	0
156	HP Compaq Desktop dx2400 SN: MXL914	6/04/09	833	833	833	0	0	0
157	HP Compaq Desktop dc5850 SN: MXL939	10/30/09	997	997	997	0	0	0
158	HP Compaq Desktop dc5850 SN: MXL939	11/12/09	1,104	1,104	1,104	0	0	0
159	Lenovo G550 2958 T T4300 SN: 1S2958A	12/01/09	659	659	659	0	0	0
160	HP Pro 3000 MT Microtower SN: SMXL9	3/09/10	930	930	930	0	0	0
161	Dell Vostro 220 SN: CGCZNL1	3/25/10	545	545	545	0	0	0
162	HP Compaq 505 B (EN) SN: MXL00514NI	5/17/10	909	909	909	0	0	0
163	HP Compaq 6000 (BP) SN: MXL01216N6	5/12/10	938	938	938	0	0	0
164	Lenovo ThinkPad SL410 SN: LRXCXW5	5/12/10	706	706	706	0	0	0
165	Dell Vostro 220 SN: CGB0PL1	5/12/10	789	789	789	0	0	0
166	HP Business Desktop 6000 Pro SN: SMXL	11/11/10	1,293	1,293	1,293	0	0	0
167	HP Business Desktop 6000 SN: SMXL950C	10/29/10	1,200	1,200	1,200	0	0	0
168	Compaq 6000 Pro Desktop SN: SMXL022F	11/10/10	1,272	1,272	1,272	0	0	0
169	HP ProLiant DL380 Server SN: 2M204402	11/22/10	30,322	30,322	30,322	0	0	0
170	Oki B431DN LED printer SN: SAK080617	11/22/10	483	483	483	0	0	0
171	Fileserver Deployment Dec 2010 implemen	12/14/10	2,136	2,136	2,136	0	0	0
172	Fileserver Deployment Jan 2011 implement	1/24/11	2,100	2,100	2,100	0	0	0
173	Fileserver Deployment Exchange deployme	1/24/11	3,255	3,255	3,255	0	0	0
174	Fileserver Deployment SQL deployment	1/28/11	1,680	1,680	1,680	0	0	0
175	Fileserver Deployment Vhost deployment	1/27/11	1,418	1,418	1,418	0	0	0
176	Fileserver Deployment DC2 deployment	1/16/11	473	473	473	0	0	0
177	Fileserver Deployment HPSC11Xe Ultra 32	1/31/11	216	216	216	0	0	0
178	Fileserver Deployment Comodo Unified Co	1/31/11	436	436	436	0	0	0
179	Fileserver Deployment HP StorageWorks G	1/31/11	591	591	591	0	0	0
180	Fileserver Deployment Server Implementati	2/11/11	3,675	3,675	3,675	0	0	0
181	Dell Vostro v13 laptop SN: 7F2BJM1	2/09/11	562	562	562	0	0	0
182	HP Business Desktop 6000 Pro SN: SMXL	2/28/11	764	764	764	0	0	0
183	Dell Vostro 468-5910 Desktop SN: 93JBM1	2/28/11	545	545	545	0	0	0
184	HP Business Desktop LA048UT SN: SMXI	4/01/11	1,000	1,000	1,000	0	0	0
185	HP Business Desktop LA048UT SN: SMXI	4/01/11	764	764	764	0	0	0
186	HP Business Desktop LA048UT SN: SMXI	4/01/11	764	764	764	0	0	0
187	HP Business Desktop LA048UT SN: SMXI	4/01/11	764	764	764	0	0	0
188	HP Business Desktop LA048UT SN: SMXI	4/01/11	764	764	764	0	0	0
189	HP Business Desktop LA048UT SN: SMXI	4/01/11	764	764	764	0	0	0
190	HP Business Desktop LA048UT SN: SMXI	4/01/11	764	764	764	0	0	0
191	HP Business Desktop SN: SMXL1021XME	6/03/11	1,000	1,000	1,000	0	0	0
192	HP Business Desktop LA048UT SN: SMXI	5/04/11	1,033	1,033	1,033	0	0	0
193	Acer Aspire Notebook SN: LXRCY020121	6/29/11	1,446	1,446	1,446	0	0	0
194	HP Business Desktop VS883UT SN: SMXI	8/01/11	806	806	779	27	27	0
195	Apple I Pad (Dev) SN: DMPH182CDKPL	2/28/12	710	710	603	107	107	0
196	Lenovo Mobile w/s SN: R0-MC87W 12/03	3/26/12	812	812	690	122	122	0
197	Apple I Pad (Willy's) SN: DN6H2LT3DFH	2/18/12	817	817	708	109	109	0
198	Lenovo ThinkPad Edge 15 SN: LROFITT	5/23/12	541	541	442	99	99	0
199	Lenovo ThinkPad Edge 15 SN: LROFTVA	5/23/12	541	541	442	99	99	0
200	Lenovo ThinkPad Edge 15 SN: R9M9C57	5/23/12	596	596	486	110	110	0
201	Buffalo USB 3.0 Backup SN:95577120602	6/28/12	205	205	164	41	41	0
202	Buffalo USB 3.0 Backup SN:95577120601	6/28/12	205	205	164	41	41	0
203	Lenovo Laptop S/N:LR-6RMTV	6/28/12	567	567	454	113	113	0
204	Lenovo Laptop S/N:LR-6LATR	6/28/12	567	567	454	113	113	0
205	Lenovo Laptop S/N:LR-6MPYM	6/28/12	567	567	454	113	113	0
206	In Win Desktop S/N:16124169500023	6/28/12	758	758	607	151	151	0
207	In Win Desktop S/N:16121073100001	6/28/12	758	758	607	151	151	0
208	Thinkpad Edge E530 Laptop S/N:MP-0XY	8/31/12	596	596	457	119	119	0
209	Thinkpad Edge E530 Laptop S/N:MP-0XY	8/31/12	596	596	457	119	119	0
210	2-HP DL380p Servers & components SN:2	6/17/13	33,459	33,459	14,340	4,779	4,779	0
211	APC smart UPS SMT300RM2U	7/01/13	1,227	1,227	526	175	175	0
212	Donor Quest Software	12/01/95	945	945	945	0	0	0
213	Navision Upgrade Renewal	5/30/02	2,226	2,226	2,226	0	0	0

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214	Ceres Navision software	7/01/01	22,421	22,421	22,421	0	0	0
215	Ceres Navision software Report Designer M	6/14/04	1,463	1,463	1,463	0	0	0
216	Ceres Navision software User session incr fi	7/22/10	1,990	1,990	1,990	0	0	0
217	Navision 5.0 upgrade SQL 2005 migration	10/17/08	6,640	6,640	6,640	0	0	0
218	Ceres 2009 Navision software SR-0001074	11/26/13	160	160	64	32	32	0
219	Ceres 2009 Navision software SR-0001074	12/03/13	160	160	64	32	32	0
220	Ceres 2009 Navision software SR-0001074	12/09/13	400	400	160	80	80	0
221	Ceres 2009 Navision software SR-0001074	12/17/13	160	160	64	32	32	0
222	Ceres 2009 Navision software SR-0001074	12/23/13	160	160	64	32	32	0
223	Ceres 2009 Navision software Orientation	1/07/14	160	160	64	32	32	0
224	Larry Hokaj Ceres 2009 - Travel reimb	1/05/14	1,597	1,597	639	319	319	0
225	Ceres 2009 Navision software Orientation/t	1/13/14	4,800	4,800	1,920	960	960	0
226	Larry Hokaj Ceres 2009 - Travel reimb	1/21/14	1,916	1,916	766	384	384	0
227	Ceres 2009 Navision software Orientation/S	1/21/14	160	160	64	32	32	0
228	Larry Hokaj Ceres 2009 Implentation - Bill	2/21/14	6,959	6,959	2,783	1,392	1,392	0
229	Ceres 2009 Navision software Analysis/orer	1/28/14	400	400	160	80	80	0
230	Ceres 2009 Navision software Travel reinb	2/03/14	1,490	1,490	596	298	298	0
231	Ceres 2009 Navision software Analysis/Gap	2/04/14	6,400	6,400	2,560	1,280	1,280	0
232	Ceres 2009 Navision software Analysis/Gap	2/11/14	320	320	128	64	64	0
233	Ceres 2009 Navision software Travel reinb	1/21/14	1,286	1,286	514	257	257	0
234	Ceres 2009 Navision software Analysis/Gap	2/18/14	640	640	256	128	128	0
235	Ceres 2009 Navision software Analysis/Gap	2/24/14	2,880	2,880	1,152	576	576	0
236	Larry Hokaj Ceres 2009 - Travel reimb	2/28/14	2,069	2,069	828	414	414	0
237	Ceres 2009 Navision software Analysis/Gap	3/04/14	680	680	272	136	136	0
238	Larry Hokaj Ceres 2009 Implentation - Bill	3/10/14	7,994	7,994	3,198	1,598	1,598	0
239	Ceres 2009 Jet Reports 3 day Report Writin	3/11/14	5,995	5,995	2,398	1,199	1,199	0
240	Ceres 2009 Jet Reports Essentials Corp Pkg	3/13/14	6,954	6,954	2,782	1,391	1,391	0
241	Larry Hokaj Ceres 2009 - Travel reimb	3/12/14	1,501	1,501	600	301	301	0
242	Ceres 2009 Navision software Analysis/Gap	3/17/14	2,400	2,400	960	480	480	0
243	Ceres 2009 Navision software Analysis/Gap	3/24/14	3,680	3,680	1,472	736	736	0
244	Ceres 2009 Navision software System Conf	3/31/14	560	560	224	112	112	0
245	Ceres 2009 Navision software Analysis	3/31/14	350	350	140	70	70	0
246	Ceres 2009 Navision software System Conf	4/07/14	800	800	320	160	160	0
247	Larry Hokaj Ceres 2009 Implentation - Bill	4/14/14	4,656	4,656	1,862	932	932	0
248	Ceres 2009 Navision software System Conf	4/15/14	1,440	1,440	576	288	288	0
249	Larry Hokaj Ceres 2009 - Travel reimb	4/19/14	1,461	1,461	584	293	293	0
250	Ceres 2009 Navision software System Conf	4/22/14	800	800	320	160	160	0
251	Ceres 2009 Navision software Develop A I	4/22/14	1,269	1,269	508	253	253	0
252	Santa Cruz Electronics Power extensions (	4/25/14	56	56	22	12	12	0
253	Santa Cruz Electronics Cable/mousepads/w	4/27/14	90	90	36	18	18	0
254	Ceres 2009 Navision software System Conf	4/29/14	1,960	1,960	784	392	392	0
255	Ceres 2009 Navision software Develop C d	4/29/14	1,094	1,094	438	218	218	0
256	Ceres 2009 BFCU Visa (Zell) Materials for	5/02/14	1,447	1,447	579	289	289	0
257	Ceres 2009 Navision software - Rick Ferrei	5/05/14	1,926	1,926	770	386	386	0
258	Ceres 2009 Navision software Training & T	5/05/14	6,880	6,880	2,752	1,376	1,376	0
259	Larry Hokaj Ceres 2009 - Travel reimb 4/26	5/04/14	1,604	1,604	642	320	320	0
260	Ceres 2009 Navision software Training & T	5/13/14	280	280	112	56	56	0
261	Central Electric (Instal ceiling outlet for p	5/16/14	566	566	226	114	114	0
262	Ceres 2009 Navision software System Conf	5/21/14	1,000	1,000	400	200	200	0
263	Ceres 2009 Navision software Agency/Impc	5/21/14	963	963	385	193	193	0
264	Ceres 2009 Navision software System Conf	5/27/14	480	480	192	96	96	0
265	Larry Hokaj Ceres 2009 Implentation - Bill	6/02/14	6,187	6,187	2,475	1,237	1,237	0
266	Ceres 2009 Jet Reports Travel reimb	5/27/14	1,303	1,303	521	261	261	0
267	Ceres 2009 BFCU Visa (Zell) Materials for	5/31/14	991	991	397	198	198	0
268	Ceres 2009 Navision software Brooke: don	6/02/14	0	0	0	0	0	0
269	Ceres 2009 Navision software Training & T	6/02/14	480	480	192	96	96	0
270	Ceres 2009 Jet Reports Airfare reimb - M F	6/03/14	303	303	121	61	61	0
271	Ceres 2009 Navision software Training & T	6/10/14	320	320	128	64	64	0
272	Ceres 2009 Navision software System Conf	6/18/14	160	160	64	32	32	0
273	Larry Hokaj Ceres 2009 - Travel reimb 5/28	6/02/14	1,812	1,812	725	362	362	0
274	Larry Hokaj Ceres 2009 Implentation - Bill	6/20/14	12,023	12,023	4,809	2,405	2,405	0
275	Ceres 2009 Navision software System Conf	6/24/14	2,640	2,640	1,056	528	528	0
276	Ceres 2009 Navision software Production c	6/30/14	5,840	5,840	2,336	1,168	1,168	0
277	Land	12/01/04	627,898	627,898	0	0	0	0
Total Other Depreciation			8,392,246	8,392,246	2,529,931	289,380	289,380	0
Total ACRS and Other Depreciation			8,392,246	8,392,246	2,529,931	289,380	289,380	0

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CA Asset Report

FYE: 6/30/2017

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Basis for Depr</u>	<u>CA Prior</u>	<u>CA Current</u>	<u>Federal Current</u>	<u>Difference Fed - CA</u>
	Grand Totals		8,392,246	8,392,246	2,529,931	289,380	289,380	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>8,392,246</u>	<u>8,392,246</u>	<u>2,529,931</u>	<u>289,380</u>	<u>289,380</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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Future Depreciation Report**FYE: 6/30/18**

FYE: 6/30/2017

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Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Warehouse Initial occupancy	12/10/04	767,431	25,581	0
2	Warehouse Phase 1 Capitalization	1/01/08	1,486,733	49,558	0
3	Warehouse Phase 2 + solar capitalization	7/01/09	737,151	24,571	0
4	Warehouse Phase 3 Capitalization	7/01/10	1,728,940	57,632	0
5	Warehouse Phase 4	7/01/11	974,189	32,473	0
6	Warehouse Phase 5	7/01/12	899,744	29,992	0
7	Toyota	3/31/94	14,938	0	0
8	94 MACK box	9/01/94	54,147	0	0
9	94 MACK box Floor plate repair	9/01/97	717	0	0
10	94 MACK gear box/core Repair gear box	12/03/04	1,013	0	0
11	94 MACK flooring Repair floor	4/28/06	607	0	0
12	94 MACK painting Paint	8/10/07	5,635	0	0
13	94 MACK signage Lettering	9/01/07	1,785	0	0
14	94 MACK decals Decals from AAA Flag & Ban	3/01/09	4,443	0	0
15	94 MACK clutch Replace clutch & fly wheel	6/05/09	2,865	0	0
16	94 MACK brakes Brake job	6/15/10	2,981	0	0
17	Toyota 3000 Electric Forklift	6/01/99	21,018	0	0
18	99 Isuzu NPR	4/01/99	28,190	0	0
19	99 Isuzu NPR additions Logos for 99 Isuzu	6/01/99	446	0	0
20	99 Isuzu NPR additions Monarch overpayment n	8/01/99	0	0	0
21	99 Isuzu NPR additions Work Order 001378	5/01/99	315	0	0
22	99 Isuzu NPR additions Water pump	7/06/06	636	0	0
23	99 Isuzu NPR painting Paint	8/19/07	4,664	0	0
24	99 Isuzu NPR signage Lettering	9/06/07	1,460	0	0
25	99 Isuzu decals Decals from AAA Flag & Banne	3/01/09	3,190	0	0
26	Ford F550 Box & Reefer	4/19/04	50,000	0	0
27	Ford F550 Box Additions Ford F550 Liftgate	1/22/04	3,531	0	0
28	Ford F550 Box Additions Ford F550 Liftgate we	11/10/03	2,842	0	0
29	Ford F550 Box Additions Ford F550 Decals/Inst	3/22/04	572	0	0
30	Ford F550 Box Additions Ford F550 Registratio	4/27/04	5,130	0	0
31	Ford F550 Box Additions Ford F550 Logo/Lette	4/20/04	529	0	0
32	2004 Ford F550 engine Rebuilt engine	11/30/09	7,500	0	0
33	2004 Ford F550 engine harness New engine harn	7/02/10	1,841	0	0
34	2004 Ford F550 oil pump branch tube assembly	1/26/11	5,468	0	0
35	2004 Ford F550 refr diesel upgrade Install re	11/10/11	4,376	0	0
36	2004 Ford F550 oil pump/fuel pump/regulator/I	5/16/12	3,582	0	0
37	2002 Ford Van	11/13/02	20,720	0	0
38	3000# Toyota Electric Forklift	4/01/00	23,715	0	0
39	Toyota forklift battery (new) Hawker battery	12/27/11	6,180	0	0
40	Toyota forklift battery (new) Hawker battery	3/03/08	5,518	0	0
41	Reconditioned Forklift battery	5/06/06	1,630	0	0
42	Forklift motor assembly-pump Model 5FBF15	6/07/07	4,765	0	0
43	GMC 2001 C6500 truck (Vitamin)	12/15/04	29,830	0	0
44	GMC 2001 C6500 truck (Vitamin) Kurtt-replace	6/06/06	2,194	0	0
45	GMC C6500 truck lettering (Vitamin)	12/15/04	1,200	0	0
46	2001 GMC C6500 decals Decals from AAA Flag	3/01/09	5,094	0	0
47	2001 GMC C6500 trans Rebuilt transmission	5/11/10	3,900	0	0
48	2001 GMC C6500 truck repair Replace water pu	6/29/11	1,188	0	0
49	Toyota forklift New water pump thermostat etc	8/25/09	1,168	0	0
50	Toyota forklift (propane) repair New brake dr	7/18/11	2,328	0	0
51	Yale forklift battery charger	2/08/10	1,459	0	0
52	Raymond standup forklift w/battery & charger	3/11/10	18,573	0	0
53	Electric Toyota forklift tilt cylinder Leaki	10/22/10	1,478	0	0
54	Raymond reach truck S#EZ-D-06-35246	5/27/11	19,447	0	0
55	Raymond Walkie pallet jack S#102-10-18017	5/27/11	4,344	0	0
57	Trailer-1989 Hackney Vehicle ID#1HHVTX215	10/05/11	11,000	0	0
58	01 Peterbilt tractor Purchased from SHFB Snta	1/13/12	12,000	0	0
59	08 GMC C6500 truck Propane powered 24' van	3/27/12	33,137	0	0
60	Raymond Handling Concepts Model 18-125F-13	4/20/12	6,484	0	0
61	08 GMC C6500 truck Propane powered 24' van	8/29/12	33,648	1,121	0
62	01 Peterbilt tractor PM filter installation (	8/29/12	9,777	326	0
63	Toyota forklift (Bonnie) Remove & replc board	8/20/12	1,758	59	0
64	01 Peterbilt tractor PM filter installation (	10/08/12	10,955	730	0
65	01 GMC Replace transmission	10/10/12	3,846	256	0
66	08 GMC C6500 truck Replace radiator	3/11/13	1,618	242	0
67	Toyota forklift Rplce electric lift motor	5/20/13	2,755	505	0
68	09 Raymond forklift 4400C35TT s/n 440-09-107	6/18/13	16,275	3,255	0

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Future Depreciation Report**FYE: 6/30/18**

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Asset	Description	Date In Service	Cost	Tax	AMT
69	09 Toyota 3000# forklift s/n 7FBEU15	8/30/13	17,252	3,451	0
70	01 Peterbilt tractor Turbo/injector repair	12/27/13	6,759	1,351	0
71	04Ford (Agency) Replc turbo	5/13/14	3,452	691	0
72	Distribution Freezer System	11/04/02	20,175	0	0
73	Moved Compressor Cost	10/13/03	2,564	0	0
74	New freezer door/frame heaters	6/24/05	2,596	0	0
75	New motor/capacitor	6/23/10	1,418	0	0
76	Distribution Refrigerator System	11/04/02	14,693	0	0
77	Triad electrical work for installion	10/01/02	8,350	0	0
78	Relocate Conden. WI Free/Refriger	10/15/03	3,994	0	0
79	Cooler/freezer (large) Temperature controls (	5/12/11	1,493	0	0
80	Cooler/freezer (large) Temperature controls (	5/23/11	1,493	0	0
81	Walk in cooler & freezer (#3 & 6) Safety sens	2/01/12	2,450	0	0
82	Freezer Door System Remove old/install new fr	6/19/13	22,555	3,222	0
83	Generator	2/01/97	13,431	0	0
84	Heatrise Detector	3/31/94	1,500	0	0
85	Scalepallet	2/01/98	2,355	0	0
86	Scale repair (ABM Scale Company)	5/06/06	969	0	0
88	Sinks	3/31/94	200	0	0
89	Alarm System upgrade	6/01/99	2,604	0	0
90	Distribution carts (2)	3/01/00	695	0	0
91	Distribution carts (3)	6/06/03	971	0	0
92	Distribution Scale	11/01/02	1,048	0	0
93	6 utility carts/distribution center (long ski	3/01/00	1,328	0	0
95	4-way pallet truck	2/06/06	1,059	0	0
96	10 bins	10/31/04	602	0	0
97	Platform scale (Vitamin)	4/06/05	2,401	0	0
98	Rand 1/2 cu yd steel hopper	5/06/06	811	0	0
99	Rand 48x40 forklift work platform	5/01/06	620	0	0
100	Datamax I Series printer GSE Model 662 Indica	7/06/06	4,565	0	0
101	Datamax I Series printer Installation freight	7/06/06	861	0	0
102	Datamax I Series printer Labor shipping fee	7/06/06	4,518	0	0
103	Elec pallet jack s/n 102-06-05314	8/06/06	4,141	0	0
104	Maytag refrigerator certificate MTB2195AEW	10/06/06	0	0	0
105	Maytag refrigerator MTB2195AEW	10/06/06	819	0	0
106	GSE PT 820C 500# Portable floor scale	12/27/06	3,109	0	0
107	Portatronic Model 800 GSE Floor scale	3/01/07	3,116	0	0
108	Datamax W-class table printer Superior Case C	8/07/07	22,353	0	0
109	Unisource stretch wrapper DI Q300 wrapper Lan	8/07/07	12,139	0	0
110	Datamax add fit + optic eye Superior Case Cod	8/07/07	1,229	0	0
111	GSE Floor Scale Model 820C Scales Unlimited	1/14/08	3,082	0	0
112	Earth Tub commercial-duty compost system	6/09/09	8,000	0	0
113	Triad Electric Earth tub wiring	7/01/09	3,200	0	0
114	Raymond Handling Concepts 2 electric pallet j	2/19/10	9,630	0	0
115	6 tables mobile stainless steel	11/02/10	6,758	0	0
116	6 tables mobile stainless steel	1/07/11	6,758	0	0
117	Floor scrubber walk behind Model 5680 s/n 568	3/09/12	11,009	0	0
118	Table	10/01/98	595	0	0
119	PR Portable 5-Channel Receiver CSI Conference	9/06/06	4,465	0	0
120	InFocus Digital Media Projector Projector of	2/07/07	606	0	0
121	InFocus Digital Media Projector Rebate	2/07/07	0	0	0
122	Global Concepts New workstations	7/10/09	4,916	0	0
123	Global Concepts New workstations	10/01/09	8,837	0	0
124	Pitney Bowes postage machine	9/16/10	3,196	0	0
125	Sanyo Ultra Portable Projector SN:60814461	1/08/11	1,142	0	0
126	Telephone System (Telco) Telco system w/SIP t	5/23/11	42,562	0	0
127	A/V mount equip spkrs & installation	10/25/11	1,671	0	0
128	Roof Hatch	12/09/11	1,501	0	0
129	Motorized r/u Overhead Door	3/23/12	2,896	0	0
130	Triad Electric	4/03/12	348	0	0
131	Triad Electric	7/19/13	1,995	399	0
132	Tino's Plumbing	7/22/13	750	150	0
133	2 Laptops (\$1436.94 ea) and 1 LP500 Projector	12/01/02	5,725	0	0
134	Server hubs and cables	8/15/01	1,910	0	0
135	HP 4700N color laser printer SN: JPLLB21997	8/09/06	1,952	0	0
136	HP Bus Desktop DX2200 SN: CNC61818GO	9/06/06	1,030	0	0
137	HP Bus Desktop DX2200 SN: MXL6420H14	12/06/06	647	0	0
138	HP Bus Desktop DX2200 SN: MXL7030MK8	4/07/07	593	0	0
139	WMS from 7420 (RV's)	6/01/07	10,285	0	0
140	WMS on RV's invoice	6/01/07	2,631	0	0
141	WMS program updates	3/09/10	2,300	0	0

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Future Depreciation Report

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Asset	Description	Date In Service	Cost	Tax	AMT
142	HP StorageWorks D2D120 SN: Hu17070WD0	9/05/07	2,981	0	0
143	HP Desktop DX2250 SN: MXL737169K	12/07/07	648	0	0
144	HP Desktop DX2250 SN: MXL7440B1D	2/01/08	967	0	0
145	HP Desktop DX2250 SN: MXL73800X5	2/01/08	1,010	0	0
146	HP Desktop DC5800 SN: MXM8190N9K	6/30/08	1,240	0	0
147	APC NetShelter SX Enclosure (server rack) & c	7/31/08	2,488	0	0
148	Cisco ASA 5505 Firewall sw (50 usrs) SN: SJM	7/31/08	643	0	0
149	HP Compaq Desktop dc5750 MXM82404DT	10/01/08	1,250	0	0
150	Acer Aspire 3000 Laptop SN: LXA55051075130	10/01/08	495	0	0
151	HP Compaq Desktop dx2400 SN: SMXM83304	11/08/08	1,084	0	0
152	HP Compaq Notebook dx2435b SN: CNU9113YK	6/03/09	963	0	0
153	HP Thin Client t5630 SN: S4CI92005FZ	6/03/09	1,205	0	0
154	HP Thin Client t5630 SN: S4CI92005GR	6/03/09	1,205	0	0
155	HP Compaq Desktop dx2400 SN: MXL9140QN	6/04/09	929	0	0
156	HP Compaq Desktop dx2400 SN: MXL9140QFI	6/04/09	833	0	0
157	HP Compaq Desktop dc5850 SN: MXL939050K	10/30/09	997	0	0
158	HP Compaq Desktop dc5850 SN: MXL9390503	11/12/09	1,104	0	0
159	Lenovo G550 2958 T T4300 SN: 1S2958A5UCI	12/01/09	659	0	0
160	HP Pro 3000 MT Microtower SN: SMXL9530T	3/09/10	930	0	0
161	Dell Vostro 220 SN: CGCZNL1	3/25/10	545	0	0
162	HP Compaq 505 B (EN) SN: MXL00514NP	5/17/10	909	0	0
163	HP Compaq 6000 (BP) SN: MXL01216N6	5/12/10	938	0	0
164	Lenovo ThinkPad SL410 SN: LRXCXW5	5/12/10	706	0	0
165	Dell Vostro 220 SN: CGB0PL1	5/12/10	789	0	0
166	HP Business Desktop 6000 Pro SN: SMXL0420	11/11/10	1,293	0	0
167	HP Business Desktop 6000 SN: SMXL9500WX	10/29/10	1,200	0	0
168	Compaq 6000 Pro Desktop SN: SMXL022F1G	11/10/10	1,272	0	0
169	HP ProLiant DL380 Server SN: 2M204402NH	11/22/10	30,322	0	0
170	Oki B431DN LED printer SN: SAK08061722AC	11/22/10	483	0	0
171	Fileserver Deployment Dec 2010 implementation	12/14/10	2,136	0	0
172	Fileserver Deployment Jan 2011 implementation	1/24/11	2,100	0	0
173	Fileserver Deployment Exchange deployment	1/24/11	3,255	0	0
174	Fileserver Deployment SQL deployment	1/28/11	1,680	0	0
175	Fileserver Deployment Vhost deployment	1/27/11	1,418	0	0
176	Fileserver Deployment DC2 deployment	1/16/11	473	0	0
177	Fileserver Deployment HPSC11Xe Ultra 320 Ba	1/31/11	216	0	0
178	Fileserver Deployment Comodo Unified Commu	1/31/11	436	0	0
179	Fileserver Deployment HP StorageWorks G2 Taj	1/31/11	591	0	0
180	Fileserver Deployment Server Implementation &	2/11/11	3,675	0	0
181	Dell Vostro v13 laptop SN: 7F2BJM1	2/09/11	562	0	0
182	HP Business Desktop 6000 Pro SN: SMXL0382	2/28/11	764	0	0
183	Dell Vostro 468-5910 Desktop SN: 93JBMN1	2/28/11	545	0	0
184	HP Business Desktop LA048UT SN: SMXL050	4/01/11	1,000	0	0
185	HP Business Desktop LA048UT SN: SMXL050	4/01/11	764	0	0
186	HP Business Desktop LA048UT SN: SMXL102	4/01/11	764	0	0
187	HP Business Desktop LA048UT SN: SMXL050	4/01/11	764	0	0
188	HP Business Desktop LA048UT SN: SMXL050	4/01/11	764	0	0
189	HP Business Desktop LA048UT SN: SMXL050	4/01/11	764	0	0
190	HP Business Desktop LA048UT SN: SMXL050	4/01/11	764	0	0
191	HP Business Desktop SN: SMXL1021XMD	6/03/11	1,000	0	0
192	HP Business Desktop LA048UT SN: SMXL050	5/04/11	1,033	0	0
193	Acer Aspire Notebook SN: LXRCY020121030B	6/29/11	1,446	0	0
194	HP Business Desktop VS883UT SN: SMXL127	8/01/11	806	0	0
195	Apple I Pad (Dev) SN: DMPH182CDKPL	2/28/12	710	0	0
196	Lenovo Moble w/s SN: R0-MC87W 12/03	3/26/12	812	0	0
197	Apple I Pad (Willy's) SN: DN6H2LT3DFHY	2/18/12	817	0	0
198	Lenovo ThinkPad Edge 15 SN: LROFITT	5/23/12	541	0	0
199	Lenovo ThinkPad Edge 15 SN: LROFTVA	5/23/12	541	0	0
200	Lenovo ThinkPad Edge 15 SN: R9M9C57	5/23/12	596	0	0
201	Buffalo USB 3.0 Backup SN:95577120602042	6/28/12	205	0	0
202	Buffalo USB 3.0 Backup SN:95577120601392	6/28/12	205	0	0
203	Lenovo Laptop S/N:LR-6RMTV	6/28/12	567	0	0
204	Lenovo Laptop S/N:LR-6LATR	6/28/12	567	0	0
205	Lenovo Laptop S/N:LR-6MPYM	6/28/12	567	0	0
206	In Win Desktop S/N:16124169500023	6/28/12	758	0	0
207	In Win Desktop S/N:16121073100001	6/28/12	758	0	0
208	Thinkpad Edge E530 Laptop S/N:MP-0XYD312	8/31/12	596	20	0
209	Thinkpad Edge E530 Laptop S/N:MP-0XYG012	8/31/12	596	20	0
210	2-HP DL380p Servers & components SN:2M23:	6/17/13	33,459	4,780	0
211	APC smart UPS SMT300RM2U	7/01/13	1,227	175	0
212	Donor Quest Software	12/01/95	945	0	0

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Future Depreciation Report**FYE: 6/30/18**

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Asset	Description	Date In Service	Cost	Tax	AMT
213	Navision Upgrade Renewal	5/30/02	2,226	0	0
214	Ceres Navision software	7/01/01	22,421	0	0
215	Ceres Navision software Report Designer Modul	6/14/04	1,463	0	0
216	Ceres Navision software User session incr fro	7/22/10	1,990	0	0
217	Navision 5.0 upgrade SQL 2005 migration	10/17/08	6,640	0	0
218	Ceres 2009 Navision software SR-0001074	11/26/13	160	32	0
219	Ceres 2009 Navision software SR-0001074	12/03/13	160	32	0
220	Ceres 2009 Navision software SR-0001074	12/09/13	400	80	0
221	Ceres 2009 Navision software SR-0001074	12/17/13	160	32	0
222	Ceres 2009 Navision software SR-0001074	12/23/13	160	32	0
223	Ceres 2009 Navision software Orientation	1/07/14	160	32	0
224	Larry Hokaj Ceres 2009 - Travel reimb	1/05/14	1,597	320	0
225	Ceres 2009 Navision software Orientation/trav	1/13/14	4,800	960	0
226	Larry Hokaj Ceres 2009 - Travel reimb	1/21/14	1,916	383	0
227	Ceres 2009 Navision software Orientation/Sta	1/21/14	160	32	0
228	Larry Hokaj Ceres 2009 Implentation - Billab	2/21/14	6,959	1,392	0
229	Ceres 2009 Navision software Analysis/orenta	1/28/14	400	80	0
230	Ceres 2009 Navision software Travel reimb	2/03/14	1,490	298	0
231	Ceres 2009 Navision software Analysis/Gap -	2/04/14	6,400	1,280	0
232	Ceres 2009 Navision software Analysis/Gap Fi	2/11/14	320	64	0
233	Ceres 2009 Navision software Travel reimb	1/21/14	1,286	258	0
234	Ceres 2009 Navision software Analysis/Gap Fi	2/18/14	640	128	0
235	Ceres 2009 Navision software Analysis/Gap Fi	2/24/14	2,880	576	0
236	Larry Hokaj Ceres 2009 - Travel reimb	2/28/14	2,069	414	0
237	Ceres 2009 Navision software Analysis/Gap Fi	3/04/14	680	136	0
238	Larry Hokaj Ceres 2009 Implentation - Billab	3/10/14	7,994	1,599	0
239	Ceres 2009 Jet Reports 3 day Report Writing	3/11/14	5,995	1,199	0
240	Ceres 2009 Jet Reports Essentials Corp Pkg (	3/13/14	6,954	1,390	0
241	Larry Hokaj Ceres 2009 - Travel reimb	3/12/14	1,501	300	0
242	Ceres 2009 Navision software Analysis/Gap Fi	3/17/14	2,400	480	0
243	Ceres 2009 Navision software Analysis/Gap Fi	3/24/14	3,680	736	0
244	Ceres 2009 Navision software System Configur	3/31/14	560	112	0
245	Ceres 2009 Navision software Analysis	3/31/14	350	70	0
246	Ceres 2009 Navision software System Configur	4/07/14	800	160	0
247	Larry Hokaj Ceres 2009 Implentation - Billab	4/14/14	4,656	931	0
248	Ceres 2009 Navision software System Configur	4/15/14	1,440	288	0
249	Larry Hokaj Ceres 2009 - Travel reimb	4/19/14	1,461	292	0
250	Ceres 2009 Navision software System Configur	4/22/14	800	160	0
251	Ceres 2009 Navision software Develop A B C	4/22/14	1,269	254	0
252	Santa Cruz Electronics Power extensions (C	4/25/14	56	11	0
253	Santa Cruz Electronics Cable/mousepads/wire	4/27/14	90	18	0
254	Ceres 2009 Navision software System Configur	4/29/14	1,960	392	0
255	Ceres 2009 Navision software Develop C & D	4/29/14	1,094	219	0
256	Ceres 2009 BFCU Visa (Zell) Materials for tra	5/02/14	1,447	289	0
257	Ceres 2009 Navision software - Rick Ferreira	5/05/14	1,926	385	0
258	Ceres 2009 Navision software Training & Test	5/05/14	6,880	1,376	0
259	Larry Hokaj Ceres 2009 - Travel reimb 4/26-5/	5/04/14	1,604	321	0
260	Ceres 2009 Navision software Training & Test	5/13/14	280	56	0
261	Central Electric (Instal ceiling outlet for p	5/16/14	566	113	0
262	Ceres 2009 Navision software System Configur	5/21/14	1,000	200	0
263	Ceres 2009 Navision software Agency/Import e	5/21/14	963	192	0
264	Ceres 2009 Navision software System Configur	5/27/14	480	96	0
265	Larry Hokaj Ceres 2009 Implentation - Billabl	6/02/14	6,187	1,238	0
266	Ceres 2009 Jet Reports Travel reimb	5/27/14	1,303	260	0
267	Ceres 2009 BFCU Visa (Zell) Materials for tra	5/31/14	991	198	0
268	Ceres 2009 Navision software Brooke: donor #	6/02/14	0	0	0
269	Ceres 2009 Navision software Training & Test	6/02/14	480	96	0
270	Ceres 2009 Jet Reports Airfare reimb - M Pro	6/03/14	303	60	0
271	Ceres 2009 Navision software Training & Test	6/10/14	320	64	0
272	Ceres 2009 Navision software System Configur	6/18/14	160	32	0
273	Larry Hokaj Ceres 2009 - Travel reimb 5/28-6/	6/02/14	1,812	363	0
274	Larry Hokaj Ceres 2009 Implentation - Billabl	6/20/14	12,023	2,404	0
275	Ceres 2009 Navision software System Configur	6/24/14	2,640	528	0
276	Ceres 2009 Navision software Production cuto	6/30/14	5,840	1,168	0
277	Land	12/01/04	627,898	0	0
Total Other Depreciation			8,392,246	265,171	0

Future Depreciation Report**FYE: 6/30/18****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total ACRS and Other Depreciation		<u>8,392,246</u>	<u>265,171</u>	<u>0</u>
	Grand Totals		<u>8,392,246</u>	<u>265,171</u>	<u>0</u>

Asset	Description	Date In Service	Cost	CA
Other Depreciation:				
1	Warehouse Initial occupancy	12/10/04	767,431	25,581
2	Warehouse Phase 1 Capitalization	1/01/08	1,486,733	49,558
3	Warehouse Phase 2 + solar capitalization	7/01/09	737,151	24,571
4	Warehouse Phase 3 Capitalization	7/01/10	1,728,940	57,632
5	Warehouse Phase 4	7/01/11	974,189	32,473
6	Warehouse Phase 5	7/01/12	899,744	29,992
7	Toyota	3/31/94	14,938	0
8	94 MACK box	9/01/94	54,147	0
9	94 MACK box Floor plate repair	9/01/97	717	0
10	94 MACK gear box/core Repair gear box	12/03/04	1,013	0
11	94 MACK flooring Repair floor	4/28/06	607	0
12	94 MACK painting Paint	8/10/07	5,635	0
13	94 MACK signage Lettering	9/01/07	1,785	0
14	94 MACK decals Decals from AAA Flag & Ban	3/01/09	4,443	0
15	94 MACK clutch Replace clutch & fly wheel	6/05/09	2,865	0
16	94 MACK brakes Brake job	6/15/10	2,981	0
17	Toyota 3000 Electric Forklift	6/01/99	21,018	0
18	99 Isuzu NPR	4/01/99	28,190	0
19	99 Isuzu NPR additions Logos for 99 Isuzu	6/01/99	446	0
20	99 Isuzu NPR additions Monarch overpayment n	8/01/99	0	0
21	99 Isuzu NPR additions Work Order 001378	5/01/99	315	0
22	99 Isuzu NPR additions Water pump	7/06/06	636	0
23	99 Isuzu NPR painting Paint	8/19/07	4,664	0
24	99 Isuzu NPR signage Lettering	9/06/07	1,460	0
25	99 Isuzu decals Decals from AAA Flag & Banne	3/01/09	3,190	0
26	Ford F550 Box & Reefer	4/19/04	50,000	0
27	Ford F550 Box Additions Ford F550 Liftgate	1/22/04	3,531	0
28	Ford F550 Box Additions Ford F550 Liftgate we	11/10/03	2,842	0
29	Ford F550 Box Additions Ford F550 Decals/Inst	3/22/04	572	0
30	Ford F550 Box Additions Ford F550 Registratio	4/27/04	5,130	0
31	Ford F550 Box Additions Ford F550 Logo/Lette	4/20/04	529	0
32	2004 Ford F550 engine Rebuilt engine	11/30/09	7,500	0
33	2004 Ford F550 engine harness New engine harn	7/02/10	1,841	0
34	2004 Ford F550 oil pump branch tube assembly	1/26/11	5,468	0
35	2004 Ford F550 refr diesel upgrade Install re	11/10/11	4,376	0
36	2004 Ford F550 oil pump/fuel pump/regulator/I	5/16/12	3,582	0
37	2002 Ford Van	11/13/02	20,720	0
38	3000# Toyota Electric Forklift	4/01/00	23,715	0
39	Toyota forklift battery (new) Hawker battery	12/27/11	6,180	0
40	Toyota forklift battery (new) Hawker battery	3/03/08	5,518	0
41	Reconditioned Forklift battery	5/06/06	1,630	0
42	Forklift motor assembly-pump Model 5FBF15	6/07/07	4,765	0
43	GMC 2001 C6500 truck (Vitamin)	12/15/04	29,830	0
44	GMC 2001 C6500 truck (Vitamin) Kurtt-replace	6/06/06	2,194	0
45	GMC C6500 truck lettering (Vitamin)	12/15/04	1,200	0
46	2001 GMC C6500 decals Decals from AAA Flag	3/01/09	5,094	0
47	2001 GMC C6500 trans Rebuilt transmission	5/11/10	3,900	0
48	2001 GMC C6500 truck repair Replace water pu	6/29/11	1,188	0
49	Toyota forklift New water pump thermostat etc	8/25/09	1,168	0
50	Toyota forklift (propane) repair New brake dr	7/18/11	2,328	0
51	Yale forklift battery charger	2/08/10	1,459	0
52	Raymond standup forklift w/battery & charger	3/11/10	18,573	0
53	Electric Toyota forklift tilt cylinder Leaki	10/22/10	1,478	0
54	Raymond reach truck S#EZ-D-06-35246	5/27/11	19,447	0
55	Raymond Walkie pallet jack S#102-10-18017	5/27/11	4,344	0
57	Trailer-1989 Hackney Vehicle ID#1HHVTX215	10/05/11	11,000	0
58	01 Peterbilt tractor Purchased from SHFB Snta	1/13/12	12,000	0
59	08 GMC C6500 truck Propane powered 24' van	3/27/12	33,137	0
60	Raymond Handling Concepts Model 18-125F-13	4/20/12	6,484	0
61	08 GMC C6500 truck Propane powered 24' van	8/29/12	33,648	1,121
62	01 Peterbilt tractor PM filter installation (	8/29/12	9,777	326
63	Toyota forklift (Bonnie) Remove & replc board	8/20/12	1,758	59
64	01 Peterbilt tractor PM filter installation (	10/08/12	10,955	730
65	01 GMC Replace transmission	10/10/12	3,846	256
66	08 GMC C6500 truck Replace radiator	3/11/13	1,618	242
67	Toyota forklift Rplce electric lift motor	5/20/13	2,755	505
68	09 Raymond forklift 4400C35TT s/n 440-09-107	6/18/13	16,275	3,255

Asset	Description	Date In Service	Cost	CA
69	09 Toyota 3000# forklift s/n 7FBEU15	8/30/13	17,252	3,451
70	01 Peterbilt tractor Turbo/injector repair	12/27/13	6,759	1,351
71	04Ford (Agency) Replc turbo	5/13/14	3,452	691
72	Distribution Freezer System	11/04/02	20,175	0
73	Moved Compressor Cost	10/13/03	2,564	0
74	New freezer door/frame heaters	6/24/05	2,596	0
75	New motor/capacitor	6/23/10	1,418	0
76	Distribution Refrigerator System	11/04/02	14,693	0
77	Triad electrical work for installion	10/01/02	8,350	0
78	Relocate Conden. WI Free/Refriger	10/15/03	3,994	0
79	Cooler/freezer (large) Temperature controls (	5/12/11	1,493	0
80	Cooler/freezer (large) Temperature controls (	5/23/11	1,493	0
81	Walk in cooler & freezer (#3 & 6) Safety sens	2/01/12	2,450	0
82	Freezer Door System Remove old/install new fr	6/19/13	22,555	3,222
83	Generator	2/01/97	13,431	0
84	Heatrise Detector	3/31/94	1,500	0
85	Scalepallet	2/01/98	2,355	0
86	Scale repair (ABM Scale Company)	5/06/06	969	0
88	Sinks	3/31/94	200	0
89	Alarm System upgrade	6/01/99	2,604	0
90	Distribution carts (2)	3/01/00	695	0
91	Distribution carts (3)	6/06/03	971	0
92	Distribution Scale	11/01/02	1,048	0
93	6 utility carts/distribution center (long ski	3/01/00	1,328	0
95	4-way pallet truck	2/06/06	1,059	0
96	10 bins	10/31/04	602	0
97	Platform scale (Vitamin)	4/06/05	2,401	0
98	Rand 1/2 cu yd steel hopper	5/06/06	811	0
99	Rand 48x40 forklift work platform	5/01/06	620	0
100	Datamax I Series printer GSE Model 662 Indica	7/06/06	4,565	0
101	Datamax I Series printer Installation freight	7/06/06	861	0
102	Datamax I Series printer Labor shipping fee	7/06/06	4,518	0
103	Elec pallet jack s/n 102-06-05314	8/06/06	4,141	0
104	Maytag refrigerator certificate MTB2195AEW	10/06/06	0	0
105	Maytag refrigerator MTB2195AEW	10/06/06	819	0
106	GSE PT 820C 500# Portable floor scale	12/27/06	3,109	0
107	Portatronic Model 800 GSE Floor scale	3/01/07	3,116	0
108	Datamax W-class table printer Superior Case C	8/07/07	22,353	0
109	Unisource stretch wrapper DI Q300 wrapper Lan	8/07/07	12,139	0
110	Datamax add fit + optic eye Superior Case Cod	8/07/07	1,229	0
111	GSE Floor Scale Model 820C Scales Unlimited	1/14/08	3,082	0
112	Earth Tub commercial-duty compost system	6/09/09	8,000	0
113	Triad Electric Earth tub wiring	7/01/09	3,200	0
114	Raymond Handling Concepts 2 electric pallet j	2/19/10	9,630	0
115	6 tables mobile stainless steel	11/02/10	6,758	0
116	6 tables mobile stainless steel	1/07/11	6,758	0
117	Floor scrubber walk behind Model 5680 s/n 568	3/09/12	11,009	0
118	Table	10/01/98	595	0
119	PR Portable 5-Channel Receiver CSI Conference	9/06/06	4,465	0
120	InFocus Digital Media Projector Projector of	2/07/07	606	0
121	InFocus Digital Media Projector Rebate	2/07/07	0	0
122	Global Concepts New workstations	7/10/09	4,916	0
123	Global Concepts New workstations	10/01/09	8,837	0
124	Pitney Bowes postage machine	9/16/10	3,196	0
125	Sanyo Ultra Portable Projector SN:60814461	1/08/11	1,142	0
126	Telephone System (Telco) Telco system w/SIP t	5/23/11	42,562	0
127	A/V mount equip spkrs & installation	10/25/11	1,671	0
128	Roof Hatch	12/09/11	1,501	0
129	Motorized r/u Overhead Door	3/23/12	2,896	0
130	Triad Electric	4/03/12	348	0
131	Triad Electric	7/19/13	1,995	399
132	Tino's Plumbing	7/22/13	750	150
133	2 Laptops (\$1436.94 ea) and 1 LP500 Projector	12/01/02	5,725	0
134	Server hubs and cables	8/15/01	1,910	0
135	HP 4700N color laser printer SN: JPLLB21997	8/09/06	1,952	0
136	HP Bus Desktop DX2200 SN: CNC61818GO	9/06/06	1,030	0
137	HP Bus Desktop DX2200 SN: MXL6420H14	12/06/06	647	0
138	HP Bus Desktop DX2200 SN: MXL7030MK8	4/07/07	593	0
139	WMS from 7420 (RV's)	6/01/07	10,285	0
140	WMS on RV's invoice	6/01/07	2,631	0
141	WMS program updates	3/09/10	2,300	0

Asset	Description	Date In Service	Cost	CA
142	HP StorageWorks D2D120 SN: Hu17070WD0	9/05/07	2,981	0
143	HP Desktop DX2250 SN: MXL737169K	12/07/07	648	0
144	HP Desktop DX2250 SN: MXL7440B1D	2/01/08	967	0
145	HP Desktop DX2250 SN: MXL73800X5	2/01/08	1,010	0
146	HP Desktop DC5800 SN: MXM8190N9K	6/30/08	1,240	0
147	APC NetShelter SX Enclosure (server rack) & c	7/31/08	2,488	0
148	Cisco ASA 5505 Firewall sw (50 usrs) SN: SJM	7/31/08	643	0
149	HP Compaq Desktop dc5750 MXM82404DT	10/01/08	1,250	0
150	Acer Aspire 3000 Laptop SN: LXA55051075130	10/01/08	495	0
151	HP Compaq Desktop dx2400 SN: SMXM83304	11/08/08	1,084	0
152	HP Compaq Notebook 6735b SN: CNU9113YK	6/03/09	963	0
153	HP Thin Client t5630 SN: S4CI92005FZ	6/03/09	1,205	0
154	HP Thin Client t5630 SN: S4CI92005GR	6/03/09	1,205	0
155	HP Compaq Desktop dx2400 SN: MXL9140QN	6/04/09	929	0
156	HP Compaq Desktop dx2400 SN: MXL9140QFI	6/04/09	833	0
157	HP Compaq Desktop dc5850 SN: MXL939050K	10/30/09	997	0
158	HP Compaq Desktop dc5850 SN: MXL9390503	11/12/09	1,104	0
159	Lenovo G550 2958 T T4300 SN: 1S2958A5UCI	12/01/09	659	0
160	HP Pro 3000 MT Microtower SN: SMXL9530T	3/09/10	930	0
161	Dell Vostro 220 SN: CGCZNL1	3/25/10	545	0
162	HP Compaq 505 B (EN) SN: MXL00514NP	5/17/10	909	0
163	HP Compaq 6000 (BP) SN: MXL01216N6	5/12/10	938	0
164	Lenovo ThinkPad SL410 SN: LRXCXW5	5/12/10	706	0
165	Dell Vostro 220 SN: CGB0PL1	5/12/10	789	0
166	HP Business Desktop 6000 Pro SN: SMXL0420	11/11/10	1,293	0
167	HP Business Desktop 6000 SN: SMXL9500WX	10/29/10	1,200	0
168	Compaq 6000 Pro Desktop SN: SMXL022F1G	11/10/10	1,272	0
169	HP ProLiant DL380 Server SN: 2M204402NH	11/22/10	30,322	0
170	Oki B431DN LED printer SN: SAK08061722AC	11/22/10	483	0
171	Fileserver Deployment Dec 2010 implementation	12/14/10	2,136	0
172	Fileserver Deployment Jan 2011 implementation	1/24/11	2,100	0
173	Fileserver Deployment Exchange deployment	1/24/11	3,255	0
174	Fileserver Deployment SQL deployment	1/28/11	1,680	0
175	Fileserver Deployment Vhost deployment	1/27/11	1,418	0
176	Fileserver Deployment DC2 deployment	1/16/11	473	0
177	Fileserver Deployment HPSC11Xe Ultra 320 Ba	1/31/11	216	0
178	Fileserver Deployment Comodo Unified Commu	1/31/11	436	0
179	Fileserver Deployment HP StorageWorks G2 Taj	1/31/11	591	0
180	Fileserver Deployment Server Implementation &	2/11/11	3,675	0
181	Dell Vostro v13 laptop SN: 7F2BJM1	2/09/11	562	0
182	HP Business Desktop 6000 Pro SN: SMXL0382	2/28/11	764	0
183	Dell Vostro 468-5910 Desktop SN: 93JBMN1	2/28/11	545	0
184	HP Business Desktop LA048UT SN: SMXL050	4/01/11	1,000	0
185	HP Business Desktop LA048UT SN: SMXL050	4/01/11	764	0
186	HP Business Desktop LA048UT SN: SMXL102	4/01/11	764	0
187	HP Business Desktop LA048UT SN: SMXL050	4/01/11	764	0
188	HP Business Desktop LA048UT SN: SMXL050	4/01/11	764	0
189	HP Business Desktop LA048UT SN: SMXL050	4/01/11	764	0
190	HP Business Desktop LA048UT SN: SMXL050	4/01/11	764	0
191	HP Business Desktop SN: SMXL1021XMD	6/03/11	1,000	0
192	HP Business Desktop LA048UT SN: SMXL050	5/04/11	1,033	0
193	Acer Aspire Notebook SN: LXRCY020121030B	6/29/11	1,446	0
194	HP Business Desktop VS883UT SN: SMXL127	8/01/11	806	0
195	Apple I Pad (Dev) SN: DMPH182CDKPL	2/28/12	710	0
196	Lenovo Moble w/s SN: R0-MC87W 12/03	3/26/12	812	0
197	Apple I Pad (Willy's) SN: DN6H2LT3DFHY	2/18/12	817	0
198	Lenovo ThinkPad Edge 15 SN: LROFITT	5/23/12	541	0
199	Lenovo ThinkPad Edge 15 SN: LROFTVA	5/23/12	541	0
200	Lenovo ThinkPad Edge 15 SN: R9M9C57	5/23/12	596	0
201	Buffalo USB 3.0 Backup SN:95577120602042	6/28/12	205	0
202	Buffalo USB 3.0 Backup SN:95577120601392	6/28/12	205	0
203	Lenovo Laptop S/N:LR-6RMTV	6/28/12	567	0
204	Lenovo Laptop S/N:LR-6LATR	6/28/12	567	0
205	Lenovo Laptop S/N:LR-6MPYM	6/28/12	567	0
206	In Win Desktop S/N:16124169500023	6/28/12	758	0
207	In Win Desktop S/N:16121073100001	6/28/12	758	0
208	Thinkpad Edge E530 Laptop S/N:MP-0XYD312	8/31/12	596	20
209	Thinkpad Edge E530 Laptop S/N:MP-0XYG012	8/31/12	596	20
210	2-HP DL380p Servers & components SN:2M23	6/17/13	33,459	4,780
211	APC smart UPS SMT300RM2U	7/01/13	1,227	175
212	Donor Quest Software	12/01/95	945	0

Asset	Description	Date In Service	Cost	CA
213	Navision Upgrade Renewal	5/30/02	2,226	0
214	Ceres Navision software	7/01/01	22,421	0
215	Ceres Navision software Report Designer Modul	6/14/04	1,463	0
216	Ceres Navision software User session incr fro	7/22/10	1,990	0
217	Navision 5.0 upgrade SQL 2005 migration	10/17/08	6,640	0
218	Ceres 2009 Navision software SR-0001074	11/26/13	160	32
219	Ceres 2009 Navision software SR-0001074	12/03/13	160	32
220	Ceres 2009 Navision software SR-0001074	12/09/13	400	80
221	Ceres 2009 Navision software SR-0001074	12/17/13	160	32
222	Ceres 2009 Navision software SR-0001074	12/23/13	160	32
223	Ceres 2009 Navision software Orientation	1/07/14	160	32
224	Larry Hokaj Ceres 2009 - Travel reimb	1/05/14	1,597	320
225	Ceres 2009 Navision software Orientation/trav	1/13/14	4,800	960
226	Larry Hokaj Ceres 2009 - Travel reimb	1/21/14	1,916	383
227	Ceres 2009 Navision software Orientation/Sta	1/21/14	160	32
228	Larry Hokaj Ceres 2009 Implentation - Billab	2/21/14	6,959	1,392
229	Ceres 2009 Navision software Analysis/orenta	1/28/14	400	80
230	Ceres 2009 Navision software Travel reimb	2/03/14	1,490	298
231	Ceres 2009 Navision software Analysis/Gap -	2/04/14	6,400	1,280
232	Ceres 2009 Navision software Analysis/Gap Fi	2/11/14	320	64
233	Ceres 2009 Navision software Travel reimb	1/21/14	1,286	258
234	Ceres 2009 Navision software Analysis/Gap Fi	2/18/14	640	128
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257	Ceres 2009 Navision software - Rick Ferreira	5/05/14	1,926	385
258	Ceres 2009 Navision software Training & Test	5/05/14	6,880	1,376
259	Larry Hokaj Ceres 2009 - Travel reimb 4/26-5/	5/04/14	1,604	321
260	Ceres 2009 Navision software Training & Test	5/13/14	280	56
261	Central Electric (Instal ceiling outlet for p	5/16/14	566	113
262	Ceres 2009 Navision software System Configur	5/21/14	1,000	200
263	Ceres 2009 Navision software Agency/Import e	5/21/14	963	192
264	Ceres 2009 Navision software System Configur	5/27/14	480	96
265	Larry Hokaj Ceres 2009 Implentation - Billabl	6/02/14	6,187	1,238
266	Ceres 2009 Jet Reports Travel reimb	5/27/14	1,303	260
267	Ceres 2009 BFCU Visa (Zell) Materials for tra	5/31/14	991	198
268	Ceres 2009 Navision software Brooke: donor #	6/02/14	0	0
269	Ceres 2009 Navision software Training & Test	6/02/14	480	96
270	Ceres 2009 Jet Reports Airfare reimb - M Pro	6/03/14	303	60
271	Ceres 2009 Navision software Training & Test	6/10/14	320	64
272	Ceres 2009 Navision software System Configur	6/18/14	160	32
273	Larry Hokaj Ceres 2009 - Travel reimb 5/28-6/	6/02/14	1,812	363
274	Larry Hokaj Ceres 2009 Implentation - Billabl	6/20/14	12,023	2,404
275	Ceres 2009 Navision software System Configur	6/24/14	2,640	528
276	Ceres 2009 Navision software Production cuto	6/30/14	5,840	1,168
277	Land	12/01/04	627,898	0
Total Other Depreciation			8,392,246	265,171

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>CA</u>
	Total ACRS and Other Depreciation		<u>8,392,246</u>	<u>265,171</u>
	Grand Totals		<u>8,392,246</u>	<u>265,171</u>

Form 990		Two Year Comparison Report		2015 & 2016	
Name		For calendar year 2016, or tax year beginning 07/01/16 , ending 06/30/17		Taxpayer Identification Number	
SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY				77-0326685	
			2015	2016	Differences
Revenue	1. Contributions, gifts, grants	1.	17,200,177	16,423,021	-777,156
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	775,049	2,546,286	1,771,237
	4. Program service revenue	4.	298,912	230,869	-68,043
	5. Investment income	5.	-16,919	-29,662	-12,743
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	100,659	133,977	33,318
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	8,214	8,816	602
	12. Total revenue. Add lines 1 through 11	12.	18,366,092	19,313,307	947,215
Expenses	13. Grants and similar amounts paid	13.	14,023,260	14,675,995	652,735
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	425,054	383,467	-41,587
	16. Salaries, other compensation, and employee benefits	16.	2,041,770	2,278,003	236,233
	17. Professional fundraising fees	17.	33,800	28,046	-5,754
	18. Other professional fees	18.	23,904	26,639	2,735
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.	363,942	374,408	10,466
	21. Other expenses	21.	1,275,732	1,427,003	151,271
	22. Total expenses. Add lines 13 through 21	22.	18,187,462	19,193,561	1,006,099
23. Excess or (Deficit). Subtract line 22 from line 12	23.	178,630	119,746	-58,884	
Other Information	24. Total exempt revenue	24.	18,366,092	19,313,307	947,215
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	290,207	210,023	-80,184
	27. Total assets	27.	11,115,377	11,413,146	297,769
	28. Total liabilities	28.	1,981,069	1,886,575	-94,494
	29. Retained earnings	29.	9,134,308	9,526,571	392,263
	30. Number of voting members of governing body	30.	15	13	
31. Number of independent voting members of governing body	31.	15	13		
32. Number of employees	32.	55	62		
33. Number of volunteers	33.	3000	1700		

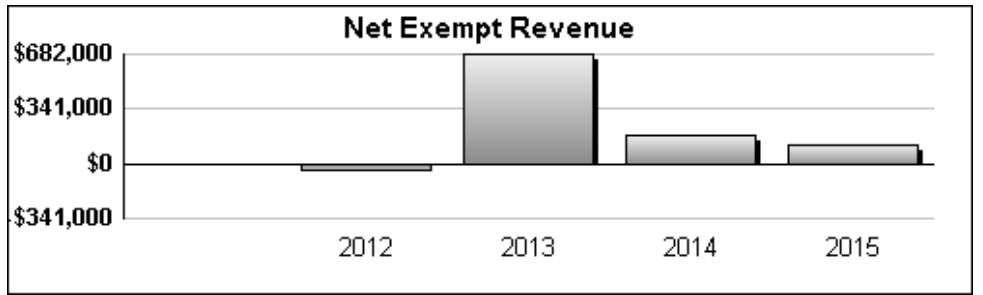
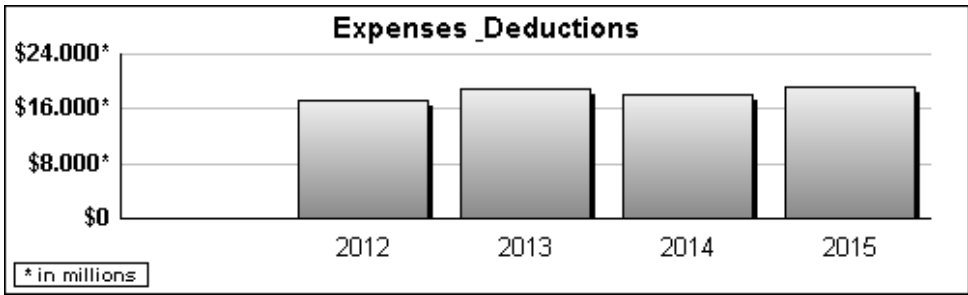
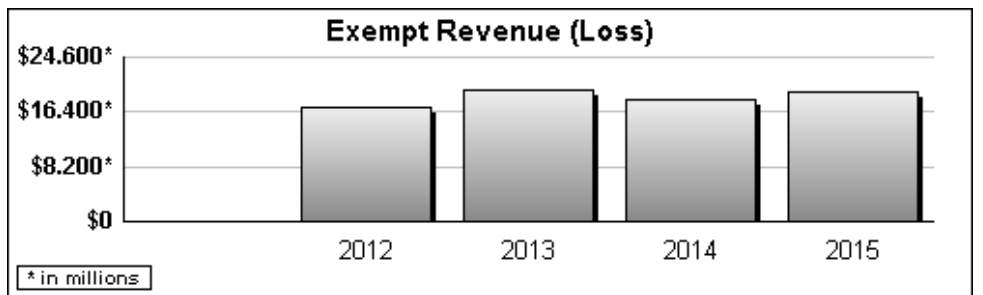
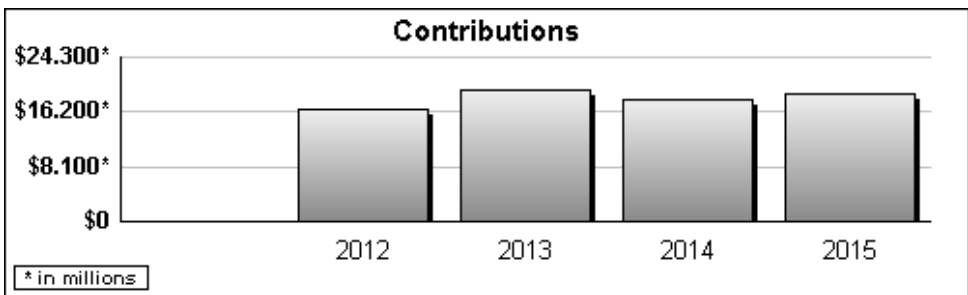
Form 990	Tax Return History	2016
Name SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY		Employer Identification Number 77-0326685

	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants		16,585,974	19,332,955	17,975,226	18,969,307	
Membership dues						
Program service revenue		331,755	361,989	298,912	230,869	
Capital gain or loss		-350				
Investment income		69,016	-96,492	-16,919	-29,662	
Fundraising revenue (income/loss)		69,183	79,163	100,659	133,977	
Gaming revenue (income/loss)						
Other revenue		14,672	12,075	8,214	8,816	
Total revenue		17,070,250	19,689,690	18,366,092	19,313,307	
Grants and similar amounts paid		13,587,609	15,153,801	14,023,260	14,675,995	
Benefits paid to or for members						
Compensation of officers, etc.			206,026	425,054	383,467	
Other compensation		2,004,860	2,046,783	2,041,770	2,278,003	
Professional fees		59,929	59,137	57,704	54,685	
Occupancy costs						
Depreciation and depletion		321,913	352,935	363,942	374,408	
Other expenses		1,130,330	1,187,661	1,275,732	1,427,003	
Total expenses		17,104,641	19,006,343	18,187,462	19,193,561	
Excess or (Deficit)		-34,391	683,347	178,630	119,746	
Total exempt revenue		17,070,250	19,689,690	18,366,092	19,313,307	
Total unrelated revenue						
Total excludable revenue		415,093	277,572	290,207	210,023	
Total Assets		10,117,701	10,927,425	11,115,377	11,413,146	
Total Liabilities		2,076,298	2,078,314	1,981,069	1,886,575	
Net Fund Balances		8,041,403	8,849,111	9,134,308	9,526,571	

Form 990T	Tax Return History	2016
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Name SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY	Employer Identification Number 77-0326685
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	2012	2013	2014	2015	2016	2017
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

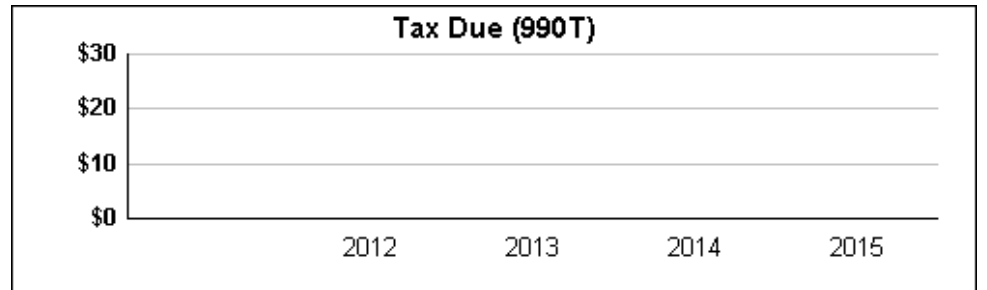
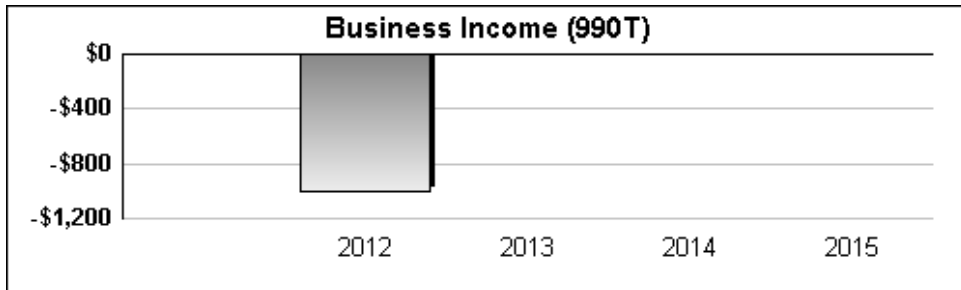
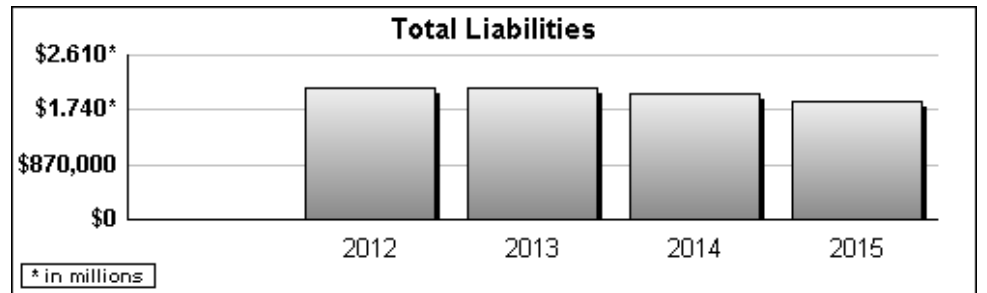
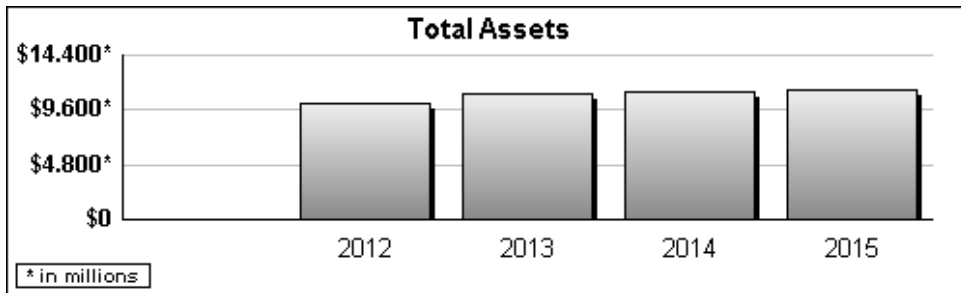


Form 990T	Tax Return History	2016
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Name SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY	Employer Identification Number 77-0326685
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	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction		1,000				
Income after expense and deductions		-1,000				
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 82,766		14			
TOTAL	<u>\$ 82,766</u>					

77-0326685

Federal Statements

FYE: 6/30/2017

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
EQUIPMENT MAINTENANCE	\$ 83,718	\$ 63,274	\$ 9,661	\$ 10,783
FOOD DRIVES	65,904	32,952		32,952
FUNDRAISING	44,748			44,748
AGENCY GRANTS	42,325	42,325		
TELEPHONE	37,632	28,442	4,343	4,847
BUILDING MAINTENANCE	24,648	24,021	358	269
DUES AND SUBSCRIPTIONS	21,557	16,293	2,488	2,776
BOARD COSTS	14,967		14,967	
TOTAL	<u>\$ 335,499</u>	<u>\$ 207,307</u>	<u>\$ 31,817</u>	<u>\$ 96,375</u>

77-0326685

Federal Statements

FYE: 6/30/2017

Schedule A, Part II, Line 1(e)

Description	Amount
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 2,546,286
CONTRIBUTIONS	14,417,285
FOUNDATIONS	1,527,890
CORPORATION DONATIONS	477,846
STOCK DONATIONS	
GIFT CARDS	
TOTAL	<u>\$ 18,969,307</u>

Schedule A, Part II, Line 8(e)

Description	Amount
REALIZED GAIN ON INVESTMENT	\$ 82,766
LOSS ON DISPOSAL OF ASSETS	-105,663
	-6,765
TOTAL	<u>\$ -29,662</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
MEMBER DUES & ASSESSMENT	\$ 230,869
OTHER INCOME	8,816
CHEF'S DINNER	142,983
COMMUNITY EVENTS	73,000
TOTAL	<u>\$ 455,668</u>

77-0326685

Federal Statements

FYE: 6/30/2017

CHEF'S DINNER**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
OTHER DIRECT EXPENSES	\$ 13,317
TOTAL	\$ 13,317

77-0326685

Federal Statements

FYE: 6/30/2017

COMMUNITY EVENTS**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
OTHER DIRECT EXPENES	\$ _____
TOTAL	\$ <u>0</u>

Review Notes

Sch Sch G

WHY IS THIS NOT FILLED OUT? INPUT SEEMS TO BE FINE

Form 990

THIS SHOULD BE YES. NEED INFO

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

u Do not enter social security numbers on this form as it may be made public.
u Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY Doing business as SECOND HARVEST FOOD BANK Number and street (or P.O. box if mail is not delivered to street address) 800 OHLONE PARKWAY Room/suite City or town, state or province, country, and ZIP or foreign postal code WATSONVILLE CA 95076	D Employer identification number 77-0326685 E Telephone number 831-722-7110 G Gross receipts \$ 19,395,313
F Name and address of principal officer: DONNA SHEPPARD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u WWW.THEFOODBANK.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1993	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SECOND HARVEST FOOD BANK'S MISSION IS TO END HUNGER AND MALNUTRITION BY EDUCATING AND INVOLVING THE COMMUNITY.		
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	62
	6 Total number of volunteers (estimate if necessary)	6	1700
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	17,975,226	18,969,307
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	298,912	230,869
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-16,919	-29,662
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	108,873	142,793
		18,366,092	19,313,307
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,023,260	14,675,995
	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)	2,466,824	2,661,470
	16a Professional fundraising fees (Part IX, column (A), line 11e)	33,800	28,046
	b Total fundraising expenses (Part IX, column (D), line 25) u 496,094		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,663,578	1,828,050
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18,187,462	19,193,561
	19 Revenue less expenses. Subtract line 18 from line 12	178,630	119,746
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	11,115,377	11,413,146
	22 Net assets or fund balances. Subtract line 21 from line 20	1,981,069	1,886,575
		9,134,308	9,526,571

Part II Signature Block

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

Sign Here	Signature of officer DONNA SHEPPARD Type or print name and title	Date CFO
Paid Preparer Use Only	Print/Type preparer's name MICHAEL J. BRYANT, CPA	Preparer's signature MICHAEL J. BRYANT, CPA
	Firm's name } WHEELER ACCOUNTANTS LLP 1475 SARATOGA AVE STE 100 Firm's address } SAN JOSE, CA 95129-4951	Date } 03/08/18 Check <input type="checkbox"/> if self-employed PTIN } P01568974 Firm's EIN } 26-1508234 Phone no. } 408-252-1800

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SECOND HARVEST FOOD BANK'S MISSION IS TO END HUNGER AND MALNUTRITION BY EDUCATING AND INVOLVING THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **17,291,455** including grants of \$ **13,698,944**) (Revenue \$ **230,869**)
FOOD DISTRIBUTION: TO ACQUIRE AND DISTRIBUTE DONATED AND PURCHASED FOODS AND UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) COMMODITIES TO NEEDED PEOPLE THROUGHOUT SANTA CRUZ COUNTY AND THE PAJARO VALLEY.

4b (Code:) (Expenses \$ **977,051** including grants of \$ **977,051**) (Revenue \$)
EDUCATION OUTREACH: NUTRITION EDUCATION AND OUTREACH FOR INDIVIDUALS AND FAMILIES IN NEED AND BILINGUAL PEER NUTRITION EDUCATION AT SITES THROUGHOUT SANTA CRUZ COUNTY AS WELL AS OUTREACH AND APPLICATION ASSISTANCE FOR THE CALFRESH (FOOD STAMPS) PROGRAM.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses **u 18,268,506**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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 and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
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		X

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

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 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.	13	
b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

FINANCE DEPARTMENT **800 OHLONE PARKWAY** **CA 95076** **831-722-7110**
WATSONVILLE

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA KIRK	1.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(2) TRICIA WYNNE	3.00									
VICE CHAIR	0.00	X		X			0	0	0	
(3) RICK WEISS	1.00									
TREASURER	0.00	X		X			0	0	0	
(4) MARILYN MERSEREAU	1.00									
SECRETARY	0.00	X		X			0	0	0	
(5) BOB NORTON	3.00									
TRUSTEE	0.00	X					0	0	0	
(6) TIM CARL	1.00									
TRUSTEE	0.00	X					0	0	0	
(7) DONNA MOSICH	1.00									
TRUSTEE	0.00	X					0	0	0	
(8) JON SISK	1.00									
TRUSTEE	0.00	X					0	0	0	
(9) JUNE PONCE	1.00									
TRUSTEE	0.00	X					0	0	0	
(10) MICHAEL BRYANT	1.00									
TRUSTEE	0.00	X					0	0	0	
(11) RALPH MALTESE	1.00									
TRUSTEE	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SARAH LATHAM	1.00									
TRUSTEE	0.00	X					0	0	0	
(13) TERESITA HINJOSA	1.00									
TRUSTEE	0.00	X					0	0	0	
(14) WILLY ELLIOTT-MCCREA	40.00									
CEO	0.00			X			173,496	0	0	
(15) KEVIN HEUER	40.00									
OFFICER	0.00			X			110,307	0	0	
(16) SUZANNE WILLIS	40.00									
OFFICER	0.00			X			99,663	0	0	
(17) DONNA SHEPPARD	40.00									
CFO	0.00			X			0	0	0	
(18) PAT WADORS	0.00									
TRUSTEE	0.00					X	0	0	0	
(19) ROSE ANN WOOLPERT	0.00									
TRUSTEE	0.00					X	0	0	0	
1b Sub-total							383,466			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							383,466			

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

	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>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,546,286				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,423,021				
	g Noncash contributions included in lines 1a-1f: \$		14,335,935				
	h Total. Add lines 1a-1f	u	18,969,307				
Program Service Revenue	2a MEMBER DUES & ASSESSMENT	Busn. Code	230,869	230,869			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	230,869				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	-29,662			-29,662	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.					
	c Gain or (loss)						
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	215,983				
		b Less: direct expenses	b	82,006			
	c Net income or (loss) from fundraising events	u	133,977				
	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	u						
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	u						
Miscellaneous Revenue		Busn. Code					
11a OTHER INCOME			8,816	8,816			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u	8,816					
12 Total revenue. See instructions.	u	19,313,307	239,685	0	-29,662		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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 domestic organizations and domestic governments. See Part IV, line 21	12,872,008	12,872,008		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,803,987	1,803,987		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	383,467	244,526	43,374	95,567
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	69,655		69,655	
7 Other salaries and wages	2,208,348	1,767,013	194,105	247,230
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	28,046			28,046
f Investment management fees	26,639		26,639	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	5,660	4,278	653	729
13 Office expenses	55,614	42,033	6,418	7,163
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,496	26,137	4,906	4,453
20 Interest	69,850	67,983	1,066	801
21 Payments to affiliates	322,309	322,309		
22 Depreciation, depletion, and amortization	374,408	364,402	5,715	4,291
23 Insurance	64,682	62,954	987	741
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRANSPORTATION	197,283	193,109	1,023	3,151
b PROFESSIONAL SERVICES	145,352	100,812	40,031	4,509
c PROGRAM SUPPLIES	103,505	100,348	1,171	1,986
d UTILITIES	91,753	89,300	1,401	1,052
e All other expenses	335,499	207,307	31,817	96,375
25 Total functional expenses. Add lines 1 through 24e	19,193,561	18,268,506	428,961	496,094
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	223,364	1	699,294
	2	Savings and temporary cash investments	1,644,210	2	1,549,161
	3	Pledges and grants receivable, net	180,840	3	144,022
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,753,930	8	1,755,999
	9	Prepaid expenses and deferred charges	48,627	9	56,681
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,660,125		
	b	Less: accumulated depreciation	10b 2,604,340	10c	6,055,785
	11	Investments—publicly traded securities	1,036,692	11	1,152,204
	12	Investments—other securities. See Part IV, line 11		12	
	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)	11,115,377	16	11,413,146	
Liabilities	17	Accounts payable and accrued expenses	263,267	17	212,336
	18	Grants payable	3,396	18	6,384
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,714,406	24	1,667,855
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,981,069	26	1,886,575
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	7,921,705	27	8,176,932
	28	Temporarily restricted net assets	1,212,603	28	1,349,639
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		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	9,134,308	33	9,526,571	
34	Total liabilities and net assets/fund balances	11,115,377	34	11,413,146	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,313,307
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,193,561
3	Revenue less expenses. Subtract line 2 from line 1	3	119,746
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,134,308
5	Net unrealized gains (losses) on investments	5	272,517
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,526,571

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY

Employer identification number

77-0326685

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,551,760	16,585,974	19,332,955	17,975,226	18,969,307	89,415,222
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	16,551,760	16,585,974	19,332,955	17,975,226	18,969,307	89,415,222
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.						89,415,222

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	16,551,760	16,585,974	19,332,955	17,975,226	18,969,307	89,415,222
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72,158	69,016	-96,492	-16,919	-29,662	-1,899
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 VI.)	79,369	83,505				162,874
11 Total support. Add lines 7 through 10						89,576,197

12 Gross receipts from related activities, etc. (see instructions) 12 455,668

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.82%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.72%

16a 33 1/3% support test—2016. 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—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. 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 VI 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 10 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) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** 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—2015.** 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

NET FUNDRAISING & OTHER INCOME \$ **162,874**

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Name of the organization SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY	Employer identification number 77-0326685
--	--

Organization type (check one):

- | | |
|--------------------|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
<input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
<input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization SECOND HARVEST FOOD BANK SANTA CRUZ	Employer identification number 77-0326685
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CA ASSOCIATION OF FOOD BANKS 1624 FRANKLIN STREET, #722 OAKLAND CA 94612	\$ 5,399,135	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	USDA EMERGENCY FOOD ASSISTANCE PROG 1400 INDEPENDENCE AVENUE, S.W. WASHINGTON DC 20250	\$ 2,438,834	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	LAKESIDE ORGANIC GARDENS, LLC 220 HOLOHAN ROAD WATSONVILLE CA 95076	\$ 1,287,628	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	DRISCOLL'S P.O. BOX 50045 WATSONVILLE CA 95077	\$ 1,150,260	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	OROWEAT FOODS COMPANY 2740 SOQUEL DRIVE SANTA CRUZ CA 95060	\$ 402,333	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	SUNLIGHT GIVING 855 EL CAMINO REAL BUILDING 4 STE 250 PALO ALTO CA 94301	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SECOND HARVEST FOOD BANK SANTA CRUZ

Employer identification number

77-0326685

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	FOOD	\$ 5,399,135	
2	FOOD	\$ 2,438,834	
3	FOOD	\$ 1,287,628	
4	FOOD	\$ 1,149,160	
5	FOOD	\$ 402,333	
		\$	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization **SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY** Employer identification number **77-0326685**

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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) \$
- 3 Volunteer hours for political campaign activities (see instructions)

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2016

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
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 border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

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

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

Part IV Supplemental Information

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

SCHEDULE C, PART II-B, LINE 1

THE ORGANIZATION ENGAGED IN LOBBYING ACTIVITIES THROUGH PAID EMPLOYEES INCLUDING ATTENDANCE AT ANTI-HUNGER LEGISLATIVE DAYS, STATEWIDE HUNGER ACTION COALITION PARTICIPATION AND ACTIVITIES TO EDUCATE AND RAISE AWARENESS ON HUNGER ISSUES, MEETING AT THE LOCAL, CALIFORNIA STATE AND FEDERAL LEVELS, AND SIGNED LETTERS IN COLLABORATION WITH THE CALIFORNIA

Part IV Supplemental Information *(continued)*

ASSOCIATION OF FOOD BANKS AND FEEDING AMERICA.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY

Employer identification number

77-0326685

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 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, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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" on 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 XIII 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	27,181	29,509	29,999	27,612	25,049
b Contributions					
c Net investment earnings, gains, and losses	1,720	-2,328	-490	2,387	2,563
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	28,901	27,181	29,509	29,999	27,612

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		627,898		627,898
b Buildings		6,611,500	1,736,778	4,874,722
c Leasehold improvements				
d Equipment		1,265,374	867,562	397,812
e Other		155,353		155,353
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	6,055,785

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	19,585,824
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	272,517	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	272,517
3	Subtract line 2e from line 1		3	19,313,307
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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	19,313,307

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

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

1	Total expenses and losses per audited financial statements		1	19,193,561
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	19,193,561
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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	19,193,561

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS A NOT-FOR-PROFIT THAT IS EXEMPT FROM INCOME TAXES UNDER SECTIONS 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE FRANCHISE TAX UNDER CALIFORNIA REVENUE AND TAXATION CODE SECITON 23701(D) BUT IS SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME WHEN EARNED. THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED NEW GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJET TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR THE YEARS BEFORE 2013.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY

Employer identification number

77-0326685

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RKD ALPHA DOG MARKETING 1 8001 SOUTH 13TH STREET LINCOLN NE 68512	DIRECTMAIL		X	354,624	28,046	326,578
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				354,624	28,046	326,578

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

CALIFORNIA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>CHEF'S DINNER</u> (event type)	<u>COMMUNITY EVENT</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	142,983	73,000	215,983
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	142,983	73,000	215,983
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	67,258		67,258
	6	Rent/facility costs	300		300
	7	Food and beverages	1,131		1,131
	8	Entertainment			
	9	Other direct expenses	13,317		13,317
	10	Direct expense summary. Add lines 4 through 9 in column (d)				82,006
11	Net income summary. Subtract line 10 from line 3, column (d)				133,977

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

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

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

a Is the organization licensed to conduct 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:

**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" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **SECOND HARVEST FOOD BANK SANTA CRUZ
COUNTY**

Employer identification number
77-0326685

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1)	VARIOUS MEMBER AGENCIES & PROGRAMS	98-1111111	501(C)		12,177,587	SEE PG 2	FOOD	FOR THOSE IN NEED
(2)	VARIOUS OTHER FOOD BANKS	98-1111111	501(C)		694,421	SEE PG 2	FOOD	FOR THOSE IN NEED
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 EFAP PROGRAM			1,803,987	FMV	FOOD
2 FOOD FOR CHILDREN PROGRAM				FMV	FOOD
3 PASSION FOR PRODUCE PROG.				FMV	FOOD
4					
5					
6					
7					

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2016, or tax year beginning 07/01/16, and ending 06/30/17

2016

Name of the organization

SECOND HARVEST FOOD BANK SANTA CRUZ
COUNTY

Employer identification number

77-0326685

PART IV - ADDITIONAL INFORMATION

SCHEDULE I, PART I, LINE 2: FOOD SAFETY TRAINING IS MANDATED AND PROVIDED ANNUALLY. COMPLIANCE IS TRACKED THROUGH MEMBER AGENCY RECORDS. INDIVIDUAL SITE MONITORING VISITS ARE CONDUCTED EVERY TWO YEARS ON-SITE, AS REQUIRED BY FEEDING AMERICA. FILES ARE REVIEWED TO ENSURE PROPER DOCUMENTATION: AGENCY APPLICATION, AGENCY AGREEMENT, 501(C)(3) DOCUMENT AND PREVIOUS MONITORING FORM. ON-SITE VISITS ARE CONDUCTED TO ENSURE PROPER PAPERWORK ON FILE INCLUDING CLIENT SIGN-IN SHEETS, PROPER FOOD STORAGE AND PROPER FOOD HANDLING PRACTICES.

SCHEDULE I, PART II, LINE 1: PURCHASED FOOD IS VALUED AT ACTUAL PRICE. DONATED FOOD IS VALUED AT AN AVERAGE FMV OF \$1.70 PER POUND AS DETERMINED BY FEEDING AMERICA. THE AMOUNT OF FOOD IS INCLUDED IN THE FOOD TO AGENCIES AND PROGRAM ON FORM 990, PART IX, LINE 24A.

SCHEDULE I, PART II, LINE 2: FOOD IS DISTRIBUTED TO VARIOUS MEMBER AGENCIES AND PROGRAMS. THE AMOUNT OF FOOD IS INCLUDED IN THE FOOD TO AGENCIES AND PROGRAM ON FORM 990, PART IX, LINE 24A.

SCHEDULE I, PART III: FOOD IS DIRECTLY DISTRIBUTED TO INDIVIDUALS THROUGH SECOND HARVEST'S EFAP PROGRAM AND ITS FOOD FOR CHILDREN AND PASSION FOR PRODUCE PROGRAMS. THE AMOUNT OF FOOD IS INCLUDED IN THE FOOD TO AGENCIES AND PROGRAM ON FORM 990, PART IX, LINE 24A.

SCHEDULE J
(Form 990)

Compensation Information

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

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY

Employer identification number

77-0326685

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

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

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

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

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

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

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

	Yes	No
1a		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLY ELLIOTT-MCCREA CEO	(i)	135,956	0	37,540	0	0	173,496	0
	(ii)	0	0	0	0	0	0	0
2 PAT WADORS TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
3 ROSE ANN WOOLPERT TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

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

Name of the organization

**SECOND HARVEST FOOD BANK SANTA CRUZ
COUNTY**

Employer identification number

77-0326685

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
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	1	12,531,948	DONATED FOOD
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (FOOD INVENTORY)	X	1	1,803,987	USDA DONATED FOOD
26 Other u ()				
27 Other u ()				
28 Other u ()				

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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes No

30a		X

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

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

31		X
-----------	--	----------

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

32a	X	
------------	----------	--

b If "Yes," describe in Part II.

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

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

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

SECOND HARVEST UTILIZES A FINANCIAL INSTITUTION TO LIQUIDATE GIFTS OF STOCK.

SCHEDULE M - SUPPLEMENTAL INFORMATION

SCHEDULE M, PART I, LINE 19, DONATED FOOD IS VALUED AT \$1.67 PER POUND AS DETERMINED BY FEEDING AMERICA.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Name of the organization

SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY

Employer identification number

77-0326685

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

SECOND HARVEST FOOD BANK, AS STATED IN ITS BYLAWS, CONSISTS OF "REGULAR MEMBERS" WHICH ARE NON-PROFIT AGENCIES ("MEMBER AGENCIES") DEDICATED TO THE SAME PURPOSE AS THE ORGANIZATION OF PROVIDING FOOD TO THE NEEDY WITHIN SANTA CRUZ COUNTY.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

"REGULAR MEMBERS" IN GOOD STANDING HAVE THE RIGHT TO VOTE, AS SET FORTH IN THE BYLAWS, ON THE ELECTION OF TRUSTEES, ON THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, ON ANY MERGER AND ITS PRINCIPAL TERMS AND ANY AMENDMENT OF THOSE TERMS, ON ANY ELECTION TO DISSOLVE THE ORGANIZATION OR ANY SUBJECT AS MAY BE REQUIRED BY LAW. ANNUAL MEETING ARE HELD FOR PURPOSE OF ELECTING TRUSTEES, REVIEWING FINANCIAL REPORTS OF THE ORGANIZATION, AND ANY OTHER BUSINESS WHICH THE BOARD MAY WISH TO BRING BEFORE THE MEMBERSHIP. NOTICE OF THE ANNUAL MEETING, AND ANY SPECIAL MEETINGS, OF THE MEMBERS ARE GIVEN IN WRITING TO THE PERSON AUTHORIZED BY EACH MEMBER'S GOVERNING BODY. MEMBERS SHALL EACH HAVE ONE VOTE WHICH MAY BE BY CAST BY ONLY ONE PERSON AUTHORIZED BY THE MEMBER'S GOVERNING BODY. ANY MEMBER MAY EXECUTE, IN WRITING, A PROXY AUTHORIZING A SPECIFIC PARTY TO CAST VOTES ON ITS BEHALF. ONE-THIRD OF THE VOTING MEMBERS, IN PERSON OR REPRESENTED BY PROXY, SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS AT ANY MEETING OF THE MEMBERS. AT A PROPERLY NOTICED MEETING OF THE ORGANIZATION, ACTIONS WILL BE APPROVED BY A MAJORITY VOTE OF THE MEMBERS PRESENT OR VOTING BY PROXY.

Name of the organization

Employer identification number

SECOND HARVEST FOOD BANK SANTA CRUZ

77-0326685

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS REVIEWED BY THE BOARD OF TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ALL BOARD MEMBERS (TRUSTEES) ANNUALLY SIGN CONFLICT OF INTEREST FORMS WHICH
PRECLUDE THEM FROM DISCUSSING, DELIBERATING AND VOTING ON MATTERS IN WHICH
THEY HAVE FINANCIAL INTERESTS OR ANY AFFILIATION. SENIOR STAFFS ARE ALSO
REQUIRED TO SIGN CONFLICT OF INTEREST FORM.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
CEO SALARY IS DETERMINED BY A BOARD-APPOINTED "EXECUTIVE REVIEW" COMMITTEE.
THE COMMITTEE REVIEWS SIMILAR COMPENSATION LEVELS OF OTHER FOOD BANKS AND
INTERVIEWS OTHER OFFICERS, DIRECTORS AND REPRESENTATIVE STAFF AT DIFFERENT
LEVELS OF THE ORGANIZATION FOR PERFORMANCE-RELATED ISSUES. THE COMMITTEE
THEN MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE WHO THEN DETERMINES
THE CEO'S SALARY LEVEL FOR THE YEAR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Voucher at bottom of page. ■

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER. If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2016 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531 Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year. S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year. Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day. Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM

2016

3586 (e-file)

1827194 SECO 77-0326685 000000000000 16 FORM 3
TYB 07-01-2016 TYE 06-30-2017
SECOND HARVEST FOOD BANK SANTA CRUZ
COUNTY
800 OHLONE PARKWAY
WATSONVILLE CA 95076

(831) 722-7110

Amount of Payment 10.

TAXABLE YEAR **2016** **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) **07/01/2016**, and ending (mm/dd/yyyy) **06/30/2017**

Corporation/Organization name **SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY** California corporation number **1827194**

Additional information. See instructions. **SECOND HARVEST FOOD BANK** FEIN **77-0326685**

Street address (suite or room) **800 OHLONE PARKWAY** PMB no.

City **WATSONVILLE** State **CA** Zip code **95076**

Foreign country name Foreign province/state/county Foreign postal code

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) I _____
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990-PF (3) Sch H (990)
 (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. **N/A** Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources. \$ _____
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
 No filing fee is required Yes No
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	426,006	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	18,969,307	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	19,395,313	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	19,395,313	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	19,275,567	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	119,746	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Instruction K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10	00
	16	Penalties and Interest. See General Instruction J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
 Signature of officer **u** Title **CFO** Date _____ Telephone **831-722-7110**

Paid Preparer's Use Only Preparer's signature **u MICHAEL J. BRYANT, CPA** Date **03/08/2018** Check if self-employed PTIN **P01568974**

Firm's name (or yours, if self-employed) and address **u WHEELER ACCOUNTANTS LLP**
1475 SARATOGA AVE STE 100
SAN JOSE, CA 95129-4951 FEIN **26-1508234** Telephone **408-252-1800**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

SECOND HARVEST FOOD BANK SANTA CRUZ
77-0326685

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	230,869	00	
	2	Interest	2	82,766	00	
	3	Dividends	3		00	
	4	Gross rents	4		00	
	5	Gross royalties	5		00	
	6	Gross amount received from sale of assets (See Instructions)	6		00	
	7	Other income. Attach schedule SEE STATEMENT 1	7	112,371	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	426,006	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	9	14,998,304	00	
	10	Disbursements to or for members	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	11	383,467	00	
	12	Other salaries and wages	12	2,278,003	00	
	Expenses and Disbursements	13	Interest	13	69,850	00
		14	Taxes	14		00
		15	Rents	15		00
		16	Depreciation and depletion (See instructions)	16	374,408	00
		17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 4	17	1,171,535	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	19,275,567	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,867,574		2,248,455
2 Net accounts receivable		180,840		144,022
3 Net notes receivable				
4 Inventories		1,753,930		1,755,999
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 5		1,036,692		1,152,204
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	7,946,681		8,032,227	
b Less accumulated depreciation	(2,346,865)	5,599,816	(2,604,340)	5,427,887
11 Land		627,898		627,898
12 Other assets. Attach schedule. STMT 6		48,627		56,681
13 Total assets		11,115,377		11,413,146
Liabilities and net worth				
14 Accounts payable		263,267		212,336
15 Contributions, gifts, or grants payable		3,396		6,384
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule. STMT 7		1,714,406		1,667,855
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		9,134,308		9,526,571
22 Total liabilities and net worth		11,115,377		11,413,146

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000					
1	Net income per books	392,263	7	Income recorded on books this year not included in this return. Attach schedule SEE STMT 8	272,517
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	272,517
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	119,746
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	392,263			

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Name of the organization SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY	Employer identification number 77-0326685
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Organization type (check one):

- | | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3} % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization

SECOND HARVEST FOOD BANK SANTA CRUZ

Employer identification number

77-0326685

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CA ASSOCIATION OF FOOD BANKS 1624 FRANKLIN STREET, #722 OAKLAND CA 94612	\$ 5,399,135	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	USDA EMERGENCY FOOD ASSISTANCE PROG 1400 INDEPENDENCE AVENUE, S.W. WASHINGTON DC 20250	\$ 2,438,834	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	LAKESIDE ORGANIC GARDENS, LLC 220 HOLOHAN ROAD WATSONVILLE CA 95076	\$ 1,287,628	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	DRISCOLL'S P.O. BOX 50045 WATSONVILLE CA 95077	\$ 1,150,260	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	OROWEAT FOODS COMPANY 2740 SOQUEL DRIVE SANTA CRUZ CA 95060	\$ 402,333	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	SUNLIGHT GIVING 855 EL CAMINO REAL BUILDING 4 STE 250 PALO ALTO CA 94301	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST FOOD BANK SANTA CRUZ	Employer identification number 77-0326685
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	FOOD	\$ 5,399,135	.....
2	FOOD	\$ 2,438,834	.....
3	FOOD	\$ 1,287,628	.....
4	FOOD	\$ 1,149,160	.....
5	FOOD	\$ 402,333	.....
	\$

California Statements**Statement 1 - Form 199, Part II, Line 7 - Other Income**

<u>Description</u>	<u>Amount</u>
CHEF'S DINNER	\$ 142,983
COMMUNITY EVENTS	73,000
REALIZED GAIN ON INVESTMENT	-105,663
LOSS ON DISPOSAL OF ASSETS	-6,765
OTHER INCOME	8,816
TOTAL	\$ <u>112,371</u>

California Statements

Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City	State	Zip			
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date	
1		VARIOUS MEMBER AGENCIES & PROGRAMS FOR THOSE IN NEED	12,177,587						
1		VARIOUS OTHER FOOD BANKS FOR THOSE IN NEED	694,421						
1	DIRECT USDA DISTR.	EFAP PROGRAM	1,803,987						
1	DIRECT FOOD DISTR.	FOOD FOR CHILDREN PROGRAM							
1	DIRECT FOOD DISTR.	PASSION FOR PRODUCE PROG.							
1			322,309						
1	SUBTOTAL		\$ 14,998,304						
	TOTAL		\$ 14,998,304						

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address				
City	State	Zip	Title	Avg Hrs	Compensation Amount
LISA KIRK			BOARD CHAIR	1.00	
TRICIA WYNNE			VICE CHAIR	3.00	
RICK WEISS			TREASURER	1.00	
MARILYN MERSEREAU			SECRETARY	1.00	
BOB NORTON			TRUSTEE	3.00	
TIM CARL			TRUSTEE	1.00	
DONNA MOSICH			TRUSTEE	1.00	

California Statements**Statement 3 - Form 199, Part II, Line 11 - Officer Compensation (continued)**

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
JON SISK				TRUSTEE	1.00	
JUNE PONCE				TRUSTEE	1.00	
MICHAEL BRYANT				TRUSTEE	1.00	
RALPH MALTESE				TRUSTEE	1.00	
SARAH LATHAM				TRUSTEE	1.00	
TERESITA HINJOSA				TRUSTEE	1.00	
WILLY ELLIOTT-MCCREA				CEO	40.00	173,497
SUZANNE WILLIS				OFFICER	40.00	99,663
KEVIN HEUER				OFFICER	40.00	110,307
DONNA SHEPPARD				CFO	40.00	
TOTAL						<u>383,467</u>

California Statements**Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$
CHEF'S DINNER	
NON-CASH PRIZES	67,258
RENT AND FACILITY COSTS	300
FOOD AND BEVERAGES	1,131
OTHER DIRECT EXPENSES	13,317
	35,496
TRANSPORTATION	197,283
PROGRAM SUPPLIES	103,505
PROFESSIONAL SERVICES	145,352
UTILITIES	91,753
FOOD DRIVES	65,904
EQUIPMENT MAINTENANCE	83,718
TELEPHONE	37,632
FUNDRAISING	44,748
AGENCY GRANTS	42,325
BUILDING MAINTENANCE	24,648
DUES AND SUBSCRIPTIONS	21,557
BOARD COSTS	14,967
USDA ADMIN. COST & FEMA	5,660
	55,614
	64,682
INVESTMENT MANAGEMENT	26,639
PROFESSIONAL FUNDRAISING	28,046
TOTAL	<u>\$ 1,171,535</u>

Statement 5 - Form 199, Schedule L, Line 7 - Investments in Stock

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
INVESTMENT	\$ 1,036,692	\$ 1,152,204
TOTAL	<u>\$ 1,036,692</u>	<u>\$ 1,152,204</u>

Statement 6 - Form 199, Schedule L, Line 12 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PREPAID EXPENSES	\$ 48,627	\$ 56,681
TOTAL	<u>\$ 48,627</u>	<u>\$ 56,681</u>

California Statements**Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
UNSECURED NOTES AND LOANS PAYABLE	\$ <u>1,714,406</u>	\$ <u>1,667,855</u>
TOTAL	\$ <u><u>1,714,406</u></u>	\$ <u><u>1,667,855</u></u>

Statement 8 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS	\$ <u>272,517</u>
TOTAL	\$ <u><u>272,517</u></u>

TAXABLE YEAR

2016

Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name **SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY**

California corporation number **1827194**

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1
2	Total cost of IRC Section 179 property placed in service	2
3	Threshold cost of IRC Section 179 property before reduction in limitation	3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5
6	(a) Description of property	(b) Cost (business use only)
	(c) Elected cost	
7	Listed property (elected IRC Section 179 cost)	7
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from prior taxable years	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2017. Add line 9 and line 10, less line 12	13

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 1						289,380	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	289,380

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	289,380
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
WAREHOUSE INITIAL OCCUPANCY	12/10/04	\$ 767,431	\$ 295,610	S/L	30.00	\$ 25,581	\$
WAREHOUSE PHASE 1 CAPITALIZATION	1/01/08	1,486,733	421,241	S/L	30.00	49,558	
WAREHOUSE PHASE 2 + SOLAR CAPITALIZATION	7/01/09	737,151	172,002	S/L	30.00	24,572	
WAREHOUSE PHASE 3 CAPITALIZATION	7/01/10	1,728,940	345,788	S/L	30.00	57,631	
WAREHOUSE PHASE 4	7/01/11	974,189	162,365	S/L	30.00	32,473	
WAREHOUSE PHASE 5	7/01/12	899,744	119,966	S/L	30.00	29,991	
2004 FORD F550 REFR DIESEL UPGRADE INSTALL RE	11/10/11	4,376	4,011	S/L	5.00	365	
2004 FORD F550 OIL PUMP/FUEL PUMP/REGULATOR/I	5/16/12	3,582	2,925	S/L	5.00	657	
TOYOTA FORKLIFT BATTERY (NEW) HAWKER BATTERY	12/27/11	6,180	5,562	S/L	5.00	618	
TRAILER-1989 HACKNEY VEHICLE ID#1HHVTX215KM00	10/05/11	11,000	10,267	S/L	5.00	733	
01 PETERBILT TRACTOR PURCHASED FROM SHFB SNTA	1/13/12	12,000	10,800	S/L	5.00	1,200	
08 GMC C6500 TRUCK PROPANE POWERED 24' VAN	3/27/12	33,137	28,167	S/L	5.00	4,970	
RAYMOND HANDLING CONCEPTS MODEL 18-125F-13 36	4/20/12	6,484	5,403	S/L	5.00	1,081	
08 GMC C6500 TRUCK PROPANE POWERED 24' VAN	8/29/12	33,648	25,797	S/L	5.00	6,730	
01 PETERBILT TRACTOR PM FILTER INSTALLATION (	8/29/12	9,777	7,495	S/L	5.00	1,956	
TOYOTA FORKLIFT (BONNIE) REMOVE & REPLC BOARD	8/20/12	1,758	1,348	S/L	5.00	351	
01 PETERBILT TRACTOR PM FILTER INSTALLATION (	10/08/12	10,955	8,034	S/L	5.00	2,191	