

EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2018

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

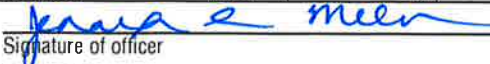
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SECOND HARVEST INLAND NORTHWEST		D Employer identification number 23-7173826
	Doing business as		E Telephone number 509-534-6678
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1234 E FRONT AVENUE		G Gross receipts \$ 95,936,694.
	City or town, state or province, country, and ZIP or foreign postal code SPOKANE, WA 99202		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: JASON CLARK SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.2-HARVEST.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1972	M State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDING FOOD TO NEEDY FAMILIES IN THE COMMUNITY.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 113
	6 Total number of volunteers (estimate if necessary) 6 8000
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 2,556.
b Net unrelated business taxable income from Form 990-T, line 38 7b 1,556.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 109,569,118. Prior Year 95,323,862. Current Year
	9 Program service revenue (Part VIII, line 2g) 271,466. 297,759.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,501. 14,110.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 186,157. 233,694.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 110,029,242. 95,869,425.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 104,578,762. 87,222,269.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,369,539. 3,605,730.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 747,298.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,382,657. 2,397,015.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 110,330,958. 93,225,014.
19 Revenue less expenses. Subtract line 18 from line 12 -301,716. 2,644,411.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 12,003,854. Beginning of Current Year 14,701,161. End of Year
	21 Total liabilities (Part X, line 26) 985,447. 1,039,053.
	22 Net assets or fund balances. Subtract line 21 from line 20 11,018,407. 13,662,108.

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		5/11/2020
	Signature of officer	Date
	JENNIFER MILNES, SENIOR VP OF FINANCE	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL,	Date 05/01/20	Check <input type="checkbox"/> if self-employed	PTIN P01217304
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318			
	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	Phone no. 509-747-2600			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FIGHTING HUNGER, FEEDING HOPE: SECOND HARVEST BRINGS COMMUNITY RESOURCES TOGETHER TO FEED PEOPLE IN NEED THROUGH EMPOWERMENT, EDUCATION, AND PARTNERSHIPS.

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

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

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 \$ 49,291,888. including grants of \$ 45,410,101.) (Revenue \$ 239,720.)
WAREHOUSING: SECOND HARVEST HAS BEEN THE HUB FOR CHARITABLE FOOD DISTRIBUTIONS IN THE INLAND NORTHWEST FOR MORE THAN 40 YEARS. SECOND HARVEST PROVIDES MORE THAN 1.8 MILLION POUNDS OF FRESH PRODUCE, DAIRY PRODUCTS, MEAT, CANNED GOODS, AND OTHER FOOD EVERY MONTH THAT HELPS HUNGRY FAMILIES AND SENIORS LIVING IN 21 EASTERN WASHINGTON AND 5 NORTH IDAHO COUNTIES. THE FOOD FEEDS A DIVERSE GROUP OF CHILDREN AND ADULTS WHO HAVE BEEN IMPACTED BY JOB LOSSES, WAGE REDUCTIONS, ILLNESSES, DISABILITIES, AND OTHER CHALLENGES. SECOND HARVEST LEVERAGES COMMUNITY CONTRIBUTIONS TO PICK UP LARGE TRUCKLOADS OF DONATED FOOD. VOLUNTEERS SORT AND REPACKAGE BULK FOOD DONATIONS THAT ARE DISTRIBUTED TO 250 PARTNER NONPROFITS OPERATING FOOD PANTRIES AND MEAL PROGRAMS SERVING ABOUT 194,000 PEOPLE EACH YEAR.

4b (Code:) (Expenses \$ 39,398,095. including grants of \$ 39,398,095.) (Revenue \$ 0.)
WASHINGTON PRODUCE PROGRAM: SECOND HARVEST DISTRIBUTES SURPLUS FRESH BULK PRODUCE DONATIONS TO OTHER FEEDING AMERICA NETWORK MEMBERS.

4c (Code:) (Expenses \$ 2,353,325. including grants of \$ 2,127,838.) (Revenue \$ 0.)
TEFAP: THE ORGANIZATION DISTRIBUTES SURPLUS FOOD MADE AVAILABLE BY THE FEDERAL GOVERNMENT TO LOW INCOME AND TEMPORARILY NEEDED FAMILIES IN THE COMMUNITY.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 920,712. including grants of \$ 286,235.) (Revenue \$ 58,039.)

4e Total program service expenses 91,964,020.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

	1a	1b	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.	15			
b Enter the number of voting members included in line 1a, above, who are independent		15		
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 **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 **JENNIFER MILNES - 509-534-6678**
1234 E. FRONT AVENUE, SPOKANE, WA 99202-2148

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE DUNFORD BOARD MEMBER	1.00	X						0.	0.	0.
(2) MICHAEL GADD BOARD MEMBER	1.00	X						0.	0.	0.
(3) ALEX JACKSON BOARD MEMBER	0.50	X						0.	0.	0.
(4) COLLEEN MCMAHON BOARD MEMBER	1.00	X						0.	0.	0.
(5) BRUCE NELSON BOARD MEMBER	1.00	X						0.	0.	0.
(6) RAY SPRINKLE BOARD MEMBER	0.50	X						0.	0.	0.
(7) KIMBERLY THIELMAN BOARD MEMBER	2.00	X						0.	0.	0.
(8) KEVIN RASLER BOARD MEMBER	0.50	X						0.	0.	0.
(9) DARRYL POTYK BOARD MEMBER	0.50	X						0.	0.	0.
(10) HEATHER ROSENTRATER BOARD MEMBER	0.50	X						0.	0.	0.
(11) KEN ANDERSON BOARD MEMBER	1.00	X						0.	0.	0.
(12) THOMAS MCLANE BOARD MEMBER	0.50	X						0.	0.	0.
(13) CARLA CICERO PAST CHAIRPERSON	2.00	X						0.	0.	0.
(14) CARL SOHN VICE CHAIRPERSON	2.00	X		X				0.	0.	0.
(15) MARK BRAY CHAIRPERSON	2.00	X		X				0.	0.	0.
(16) JASON CLARK PRESIDENT/CEO	40.00			X				173,451.	0.	34,690.
(17) JENNIFER MILNES SECRETARY/TREASURER/CFO	40.00			X				92,551.	0.	24,712.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							266,002.	0.	59,402.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							266,002.	0.	59,402.	

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 **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **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	1 a Federated campaigns	1a 131,488.					
	b Membership dues	1b 528,864.					
	c Fundraising events	1c 84,570.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 4,375,590.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 90,203,350.					
	g Noncash contributions included in lines 1a-1f: \$	86,779,822.					
	h Total. Add lines 1a-1f		95,323,862.				
Program Service Revenue	2 a WAREHOUSING & NUTRITION EDUCATION	Business Code 900099	243,759.	243,759.			
	b MEMBERSHIP DUES	624210	54,000.	54,000.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		297,759.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,189.			15,189.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	32,773.				
		(ii) Personal					
		b Less: rental expenses	7,109.				
		c Rental income or (loss)	25,664.				
	d Net rental income or (loss)		25,664.		2,556.	23,108.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses			1,079.		
		c Gain or (loss)			-1,079.		
	d Net gain or (loss)			-1,079.		-1,079.	
	8 a Gross income from fundraising events (not including \$ 84,570. of contributions reported on line 1c). See Part IV, line 18	a	267,111.				
		b Less: direct expenses	b 59,081.				
c Net income or (loss) from fundraising events			208,030.			208,030.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			95,869,425.	297,759.	2,556.	245,248.	

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	84,024,922.	84,024,922.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,197,347.	3,197,347.		
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	333,710.	207,491.	111,364.	14,855.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,468,516.	2,065,235.	67,258.	336,023.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,102.	111,305.	8,046.	14,751.
9 Other employee benefits	376,759.	323,218.	9,056.	44,485.
10 Payroll taxes	292,643.	254,147.	7,072.	31,424.
11 Fees for services (non-employees):				
a Management				
b Legal	1,903.		1,903.	
c Accounting	36,824.		36,824.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	100,387.	87,233.	5,088.	8,066.
12 Advertising and promotion	13,688.		3,761.	9,927.
13 Office expenses	344,196.	154,541.	8,425.	181,230.
14 Information technology				
15 Royalties				
16 Occupancy	308,151.	261,156.	16,524.	30,471.
17 Travel	23,564.	23,564.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,753.	730.	34,374.	1,649.
20 Interest	47,011.		47,011.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	483,184.	459,498.	23,686.	
23 Insurance				
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 EQUIPMENT RENT & MAINT.	307,894.	231,844.	24,770.	51,280.
b VALUE ADDED PURCHASES	269,255.	269,255.		
c MOTOR FREIGHT/FLEET GAS	218,946.	218,946.		
d DUES & FEES	88,791.	3,204.	83,868.	1,719.
e All other expenses	116,468.	70,384.	24,666.	21,418.
25 Total functional expenses. Add lines 1 through 24e	93,225,014.	91,964,020.	513,696.	747,298.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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	527,761.	1	525,749.
	2 Savings and temporary cash investments	1,762,344.	2	1,699,538.
	3 Pledges and grants receivable, net	215,105.	3	1,163,262.
	4 Accounts receivable, net	130,279.	4	81,720.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,006,725.	8	3,032,135.
	9 Prepaid expenses and deferred charges	34,158.	9	41,038.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,385,886.		
	b Less: accumulated depreciation	10b 5,421,426.	7,202,897.	10c 7,964,460.
	11 Investments - publicly traded securities	25,947.	11	27,178.
	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	98,638.	15	166,081.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,003,854.	16	14,701,161.	
Liabilities	17 Accounts payable and accrued expenses	223,978.	17	212,243.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	761,469.	23	826,810.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	985,447.	26	1,039,053.
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	10,604,177.	27	12,410,725.
	28 Temporarily restricted net assets	332,796.	28	1,169,949.
	29 Permanently restricted net assets	81,434.	29	81,434.
	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	11,018,407.	33	13,662,108.
34 Total liabilities and net assets/fund balances	12,003,854.	34	14,701,161.	

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	95,869,425.
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,225,014.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,644,411.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,018,407.
5	Net unrealized gains (losses) on investments	5	-710.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,662,108.

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	2a	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	2b	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.	2c	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?	3a	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	3b	X

Form 990 (2018)

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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization SECOND HARVEST INLAND NORTHWEST	Employer identification number 23-7173826
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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		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	75425369.	86973614.	103343093	109569117	95323862.	470635055
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	75425369.	86973614.	103343093	109569117	95323862.	470635055
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.						470635055

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	75425369.	86973614.	103343093	109569117	95323862.	470635055
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,311.	10,113.	9,950.	12,753.	44,699.	87,826.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					2,556.	2,556.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						470725437
12 Gross receipts from related activities, etc. (see instructions)					12	4,539,684.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.98	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.99	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. 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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. 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	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as 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. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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>	Yes	No
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. Answer (a) and (b) below.		
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	<input type="checkbox"/> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

Lined area for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization

SECOND HARVEST INLAND NORTHWEST

Employer identification number

23-7173826

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

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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

▶ \$ _____

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

Schedule D (Form 990) 2018

832051 10-29-18

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:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	81,434.	81,434.	81,434.	81,434.	81,434.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	81,434.	81,434.	81,434.	81,434.	81,434.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment .00 %

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		476,629.		476,629.
b Buildings		5,958,404.	1,343,702.	4,614,702.
c Leasehold improvements				
d Equipment		2,419,605.	1,644,948.	774,657.
e Other		4,531,248.	2,432,776.	2,098,472.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,964,460.

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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.) ▶	

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.) ▶	

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	95,947,873.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-710.	
b	Donated services and use of facilities	2b	11,889.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	67,269.	
e	Add lines 2a through 2d	2e	78,448.	
3	Subtract line 2e from line 1	3	95,869,425.	
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	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	95,869,425.	

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	93,304,172.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	11,889.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	67,269.	
e	Add lines 2a through 2d	2e	79,158.	
3	Subtract line 2e from line 1	3	93,225,014.	
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	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	93,225,014.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

ORGANIZATION INTENDS TO USE THE INTEREST INCOME ON THE FUND TO COVER CURRENT OPERATIONS.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE IRC EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN

Part XIII Supplemental Information (continued)

50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. THE ORGANIZATION HAD NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2019 AND 2018. NO INTEREST OR PENALTIES WERE ACCRUED FOR THE YEARS ENDED JUNE 30, 2019 AND 2018. THE ORGANIZATION FILES AN EXEMPT ORGANIZATION RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE WASHINGTON CHARITIES DIVISION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE	59,081.
LOSS ON DISPOSITION OF ASSETS	1,079.
RENTAL EXPENSES	7,109.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	67,269.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE	59,081.
LOSS ON DISPOSITION OF ASSETS	1,079.
RENTAL EXPENSES	7,109.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	67,269.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization: **SECOND HARVEST INLAND NORTHWEST**
Employer identification number: **23-7173826**

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

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

b If "Yes," list the 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			
Total						

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.

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 (add col. (a) through col. (c))
		TAKING A BITE OUT OF (event type)	TAKING A BITE OUT OF (event type)	NONE (total number)	
Revenue	1	Gross receipts	306,952.	44,729.	351,681.
	2	Less: Contributions	73,715.	10,855.	84,570.
	3	Gross income (line 1 minus line 2)	233,237.	33,874.	267,111.
Direct Expenses	4	Cash prizes	708.		708.
	5	Noncash prizes			
	6	Rent/facility costs	20,550.	7,522.	28,072.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	19,043.	11,258.	30,301.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			59,081.
	11	Net income summary. Subtract line 10 from line 3, column (d)			208,030.

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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

SECOND HARVEST INLAND NORTHWEST

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 criteria used to award the grants or assistance?
- 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, line 21 or 22. 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 non-cash assistance
GREENHOUSE FOOD BANK PO BOX 280 DEER PARK, WA 99006	02-0797827	501(C)(3)	0.	449,517.	FMV	FOOD
OPEN HEART BAPTIST PO BOX 819 SELAH, WA 98942	05-0631752	501(C)(3)	0.	21,413.	FMV	FOOD
LAKE CHELAN FOOD BANK PO BOX 2684 CHELAN, WA 98816	13-5562208	501(C)(3)	0.	197,945.	FMV	FOOD
AMER BAPTIST CHURCHES IN USA PO BOX 326 PALOUSE, WA 99161	13-5563018	501(C)(3)	0.	15,715.	FMV	FOOD
MCKINLEY INDIAN MISSION PO BOX 470 TOPPENISH, WA 98948	16-1778694	501(C)(3)	0.	56,392.	FMV	FOOD
FLYING H BOYS RANCH 370 CARMACK LN. NACHES, WA 98937	20-2147292	501(C)(3)	0.	25,410.	FMV	FOOD

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

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

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

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance
JERICHO ROAD MINISTRIES 2500 JERICHO RD. RICHLAND, WA 99352	20-3213204	501(C)(3)	0.	71,026.	FMV	FOOD
SERVE SPOKANE 8303 N. DIVISION SPOKANE, WA 99208	20-4040980	501(C)(3)	0.	575,436.	FMV	FOOD
DENTON FOUNDATION 43667 LAKE ROAD E. SPRAGUE, WA 99032	20-5779908	501(C)(3)	0.	17,642.	FMV	FOOD
PEOPLES PANTRY OF FERRY COUNTY - REPUBLIC - PO BOX 1114 - REPUBLIC, WA 99166	23-6393377	501(C)(3)	0.	110,053.	FMV	FOOD
UNION GOSPEL MISSION - YAKIMA 1300 S. 1ST ST. YAKIMA, WA 98901	23-7050061	501(C)(3)	0.	1,296,407.	FMV	FOOD
SDA COEUR D'ALENE 2801 N. GOVERNMENT WAY COEUR D'ALENE, ID 83814	23-7082211	501(C)(3)	0.	26,291.	FMV	FOOD
CANVAS FOOD PANTRY 2200 N 7TH STREET COUER D'ALENE, ID 83814	23-7199010	501(C)(3)	0.	21,230.	FMV	FOOD
ST VINCENT DE PAUL - CLARKSTON 604 2ND STREET CLARKSTON, WA 99403	23-7278799	501(C)(3)	0.	84,817.	FMV	FOOD
W.H.E. NETWORK PO BOX 9637 SPOKANE, WA 99219	26-0813614	501(C)(3)	0.	504,588.	FMV	FOOD

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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) Desc non-cash :
ENTIAT VALLEY FOOD BANK PO BOX 697 ENTIAT, WA 98822	26-0901943	501(C)(3)	0.	81,052.	FMV	FOOD
EVANGELICAL LUTHERAN CHURCH PO BOX 4033 SPOKANE, WA 99220	26-2998013	501(C)(3)	0.	10,004.	FMV	FOOD
KETTLE RIVER LINC PO BOX 232 ORIENT, WA 99160	26-4139251	501(C)(3)	0.	15,686.	FMV	FOOD
NEW BEGINNINGS CHAPEL 822 WEST MAIN WALLA WALLA, WA 99362	26-4601869	501(C)(3)	0.	30,743.	FMV	FOOD
SUNRISE OUTREACH CENTER - YAKIMA PO BOX 10413 YAKIMA, WA 98909	27-1028426	501(C)(3)	0.	538,119.	FMV	FOOD
LAKE SPOKANE ALLIANCE 6424 HWY. 291 NINE MILE FALLS, WA 99026	27-2469928	501(C)(3)	0.	135,566.	FMV	FOOD
WARDEN FOOD PANTRY PO BOX 67 WARDEN, WA 98857	27-4244153	501(C)(3)	0.	6,464.	FMV	FOOD
OFF BROADWAY FAMILY OUTREACH PO BOX 9813 SPOKANE, WA 99209	30-0569413	501(C)(3)	0.	145,369.	FMV	FOOD
FAMILY OF FAITH COMMUNITY CHURCH 1505 W. CLEVELAND SPOKANE, WA 99205	30-0588274	501(C)(3)	0.	154,592.	FMV	FOOD

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GOLDEN AGE FOOD SHARE PO BOX 4467 PASCO, WA 99301	31-1515790	501(C)(3)	0.	725,144.	FMV	FOOD
OROVILLE COMMUNITY FOOD BANK PO BOX 471 OROVILLE, WA 98844	31-1543077	501(C)(3)	0.	17,281.	FMV	FOOD
WAITSBURG RESOURCE CENTER 300 E 7TH AVENUE WAITSBURG, WA 99361	35-0868116	501(C)(3)	0.	16,435.	FMV	FOOD
FREE MTHODIST CH OF NOR AMER 573 GOLD CREEK LOOP ROAD COLVILLE, WA 99114	35-0877568	501(C)(3)	0.	15,518.	FMV	FOOD
CASHMERE FOOD BANK 505 GLEN STREET CASHMERE, WA 98815	35-2661538	501(C)(3)	0.	18,769.	FMV	FOOD
THE UNITED METHODIST CHURCH 930 S ELM COLVILLE, WA 99114	36-2167731	501(C)(3)	0.	8,330.	FMV	FOOD
LIGHT HOUSE CHRISTIAN MINISTRIES 526 SOUTH WENATCHEE AVE WENATCHEE, WA 98801	36-4661570	501(C)(3)	0.	297,408.	FMV	FOOD
ST VINCENT CENTERS -- YAKIMA 2629 MAIN UNION GAP, WA 98903	36-5420114	501(C)(3)	0.	280,974.	FMV	FOOD
SOTERION INC PO BOX 750 SPIRIT LAKE, ID 83869	42-1613921	501(C)(3)	0.	154,342.	FMV	FOOD

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WESTLAND FOOD BANK 6396 ROAD 61 FRUITLAND, WA 99129	44-0577787	501(c)(3)	0.	20,804.	FMV	FOOD
HRC MINISTRIES PO BOX 14257 SPOKANE, WA 99214	46-3709621	501(c)(3)	0.	123,261.	FMV	FOOD
NORTH PALOUSE COMMUNITY FB PO BOX 462 FAIRFIELD, WA 99012	47-1268499	501(c)(3)	0.	51,274.	FMV	FOOD
RIVERVIEW BAPTIST CHURCH 4921 W. WERNETT ROAD PASCO, WA 99301	51-0158970	501(c)(3)	0.	31,033.	FMV	FOOD
JUBILEE YOUTH RANCH 29 JUBILEE CIR. PRESCOTT, WA 99348	51-0505773	501(c)(3)	0.	54,011.	FMV	FOOD
BREWSTER FOOD BANK PO BOX 826 BREWSTER, WA 98812	53-0196617	501(c)(3)	0.	82,924.	FMV	FOOD
TOPPENISH COMMUNITY CHEST PO BOX 408 TOPPENISH, WA 98948	55-0845518	501(c)(3)	0.	196,365.	FMV	FOOD
RITZVILLE MINISTERIAL ASSOC. PO BOX 442 RITZVILLE, WA 99169	56-2312501	501(c)(3)	0.	32,338.	FMV	FOOD
ST VINCENT DE PAUL - WENATCHEE 1308 LOVE'S COURT WENATCHEE, WA 98801	80-0499597	501(c)(3)	0.	18,108.	FMV	FOOD

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COMMUNITY ACTION PARTNER/CDA 4144 W. INDUSTRIAL LOOP COEUR D'ALENE, ID 83815	82-0263863	501(C)(3)	0.	1,709,685.	FMV	FOOD
SENIOR HOSPITALITY CENTER PO BOX 1639 BONNERS FERRY, ID 83805	82-0322268	501(C)(3)	0.	47,116.	FMV	FOOD
ASOTIN COUNTY FOOD BANK 1546 MAPLE STREET CLARKSTON, WA 99403	82-0338109	501(C)(3)	0.	1,047,670.	FMV	FOOD
POST FALLS SENIOR CENTER PO BOX POST FALLS, ID 83877	82-0356946	501(C)(3)	0.	7,689.	FMV	FOOD
BONNER COMM FOOD CENTER 1707 CULVERS DR. SANDPOINT, ID 83864	82-0385747	501(C)(3)	0.	506,038.	FMV	FOOD
WEST BONNER COUNTY FB PO BOX 1088 PRIEST RIVER, ID 83856	82-0396439	501(C)(3)	0.	96,234.	FMV	FOOD
JESUS LOVES RATHDRUM INC 8027 W. MAIN RATHDRUM, ID 83858	82-0415811	501(C)(3)	0.	11,035.	FMV	FOOD
POST FALLS FOOD BANK 415 E. 3RD POST FALLS, ID 83854	82-0424551	501(C)(3)	0.	1,139,981.	FMV	FOOD
SPIRIT LAKE FOOD BANK PO BOX 432 SPIRIT LAKE, ID 83854	82-0425234	501(C)(3)	0.	15,942.	FMV	FOOD

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SDA CLARK FORK FOOD BANK 212 W 7TH AVE CLARK FORK, ID 83811	82-0440369	501(C)(3)	0.	59,276.	FMV	FOOD
EAST BENEWAH COUN. FOR AGING IN 711A JEFFERSON ST. MARIES, ID 83861	82-0445434	501(C)(3)	0.	18,530.	FMV	FOOD
CATALDO LIGHTHOUSE MINISTRIES INC 901 E. BEST AVENUE COEUR D'ALENE, ID 83814	82-0463386	501(C)(3)	0.	15,834.	FMV	FOOD
REAL LIFE MINISTRIES PANTRY 1866 CECIL POST FALLS, ID 83854	82-0505302	501(C)(3)	0.	265,393.	FMV	FOOD
PENTECOSTAL CHURCH OF GOD PO BOX 196 SMELTERVILLE, ID 83868	82-0515102	501(C)(3)	0.	219,376.	FMV	FOOD
ABC FOOD BANK PO BOX 416 ATHOL, ID 83801	82-0521072	501(C)(3)	0.	38,726.	FMV	FOOD
PRIEST LAKE FOOD PANTRY 5215 GLEASON MCABEE FALLS RD. PRIEST RIVER, ID 83856	82-0532708	501(C)(3)	0.	34,107.	FMV	FOOD
GEN. COUN OF ASSEMBLIS OF GOD 6000 N. RAMSEY ROAD COEUR D'ALENE, ID 83815	82-0537455	501(C)(3)	0.	43,508.	FMV	FOOD
CHRISTIAN LIFE FELLOWSHIP PO BOX 301 PLUMMER, ID 83851	82-6010023	501(C)(3)	0.	55,840.	FMV	FOOD

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BONNER COMMUNITY FOOD CENTER 1701 CULVERS DR, SANDPOINT, ID 83864	83-0385747	501(C)(3)	0.	22,863.	FMV	FOOD
WATERVILLE FOOD BANK PO BOX 553 WATERVILLE, WA 98858	83-0477714	501(C)(3)	0.	18,112.	FMV	FOOD
BOYS & GIRLS CLUB OF KOOTENAI PO BOX 3598 POST FALLS, ID 83877	84-1635505	501(C)(3)	0.	34,410.	FMV	FOOD
NORTHEAST PANTRY 4520 N. CRESTLINE AVE SPOKANE, WA 99207	90-0724290	501(C)(3)	0.	316,891.	FMV	FOOD
OMAK FOOD PANTRY PO BOX 4337 OMAK, WA 98841	91-0110398	501(C)(3)	0.	94,462.	FMV	FOOD
CARE AND SHARE GRAND COULEE 45925 STATE ROUTE E HWY 174N GRAND COULEE, WA 99133	91-0136219	501(C)(3)	0.	52,647.	FMV	FOOD
CARROLL CHILDRENS CENTER 5301 TIETON DRIVE SUITE C YAKIMA, WA 98908	91-0564959	501(C)(3)	0.	17,501.	FMV	FOOD
SALVATION ARMY FOOD BANK PO BOX 9108 SPOKANE, WA 99209	91-0565002	501(C)(3)	0.	2,405,474.	FMV	FOOD
ST JOSEPH FOOD BANK 604 S. 6TH ST. SUNNYSIDE, WA 98944	91-0567742	501(C)(3)	0.	24,287.	FMV	FOOD

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HOUSE OF CHARITY 32 W. PACIFIC SPOKANE, WA 99201	91-0569880	501(C)(3)	0.	516,252.	FMV	FOOD
VOLUNTEERS OF AMERICA 525 W. 2ND AVE. SPOKANE, WA 99201	91-0577131	501(C)(3)	0.	71,632.	FMV	FOOD
UNION GOSPEL MISSION - SPOKANE PO BOX 4066 SPOKANE, WA 99220	91-0613587	501(C)(3)	0.	765,664.	FMV	FOOD
EMERGENCY FOOD BANK OF IONE PO BOX 493 IONE, WA 99139	91-0615845	501(C)(3)	0.	14,870.	FMV	FOOD
ST VINCENT DE PAUL WALLA WALLA 308 W. MAIN STREET WALLA WALLA, WA 99362	91-0617537	501(C)(3)	0.	158,695.	FMV	FOOD
COLVILLE SDA CHURCH 138 E CEDAR LOOP COLVILLE, WA 99114	91-0617725	501(C)(3)	0.	39,327.	FMV	FOOD
AUDUBON PARK FOOD BANK 3908 N. DRISCOLL BLVD. SPOKANE, WA 99205	91-0636511	501(C)(3)	0.	290,506.	FMV	FOOD
ST VINCENT DE PAUL - PASCO PO BOX 4273 PASCO, WA 99302	91-0726356	501(C)(3)	0.	1,404,415.	FMV	FOOD
SECOND CHANCE CENTER 720 WEST COURT PASCO, WA 99301	91-0792233	501(C)(3)	0.	13,402.	FMV	FOOD

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WASHINGTON GORGE ACTION 1250 E. STEUBEN STREET BINGEN, WA 98605	91-0793062	501(C)(3)	0.	152,681.	FMV	FOOD
RURAL RESOURCES COMM ACTION 956 S. MAIN ST. SUITE A COLVILLE, WA 99114	91-0793447	501(C)(3)	0.	266,158.	FMV	FOOD
BLUE MOUNTAIN ACTION COUNCIL 1520 KELLY PL. STE. 140 WALLA WALLA, WA 99362	91-0793597	501(C)(3)	0.	641,462.	FMV	FOOD
OKANOGAN CAC PO BOX 1067 OKANOGAN, WA 98840	91-0814162	501(C)(3)	0.	311,422.	FMV	FOOD
MOSES LAKE FOOD BANK PO BOX 683 MOSES LAKE, WA 98837	91-0814451	501(C)(3)	0.	399,341.	FMV	FOOD
HOPE SOURCE 700 E MOUNTAIN VIEW SUITE 501 ELLENSBURG, WA 98926	91-0814544	501(C)(3)	0.	33,461.	FMV	FOOD
AMERICAN INDIAN CENTER 801 E. SECOND AVE, SUITE 10 SPOKANE, WA 99202	91-0822523	501(C)(3)	0.	314,277.	FMV	FOOD
SPOKANE FALLS CC FOOD BANK 3410 W. FORT GEORGE WRIGHT DR. SPOKANE, WA 99224-5288	91-0824678	501(C)(3)	0.	62,206.	FMV	FOOD
OPEN BIBLE CHURCH OF THE VILLY 905 N. MCDONALD SPOKANE, WA 99216	91-0832271	501(C)(3)	0.	531,363.	FMV	FOOD

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MID-CITY CONCERNS 1222 W. 2ND AVE. SPOKANE, WA 99201-4606	91-0833015	501(C)(3)	0.	36,296.	FMV	FOOD
UNION GOSPEL MISSION - TC PO BOX 1443 PASCO, WA 99301	91-0840528	501(C)(3)	0.	719,286.	FMV	FOOD
GRAND COULEE SENIOR MEAL PROGRAM 203 MAIN STREET GRAND COULEE, WA 99133	91-0845541	501(C)(3)	0.	41,600.	FMV	FOOD
ST PETER LUTHERAN 4620 N. REGAL SPOKANE, WA 99207	91-0859068	501(C)(3)	0.	136,918.	FMV	FOOD
OIC - YAKIMA VALLEY 815 FRUITVALE BLVD. YAKIMA, WA 98902	91-0873024	501(C)(3)	0.	448,718.	FMV	FOOD
EVANGELICAL LUTHERAN CHURCH PO BOX 364 MEDICAL LAKE, WA 99022	91-0890078	501(C)(3)	0.	11,714.	FMV	FOOD
MOSES LAKE SENIOR OPPORTUNITY & SERVICE - 608 EAST THIRD AVE. - MOSES LAKE, WA 98837	91-0898265	501(C)(3)	0.	392,735.	FMV	FOOD
MEALS ON WHEELS - SENIOR LIFE 1824 FOWLER STREET RICHLAND, WA 99352	91-0909913	501(C)(3)	0.	33,340.	FMV	FOOD
CHRISTIAN AID CENTER 202 W BIRCH ST WALLA WALLA, WA 99362	91-0918048	501(C)(3)	0.	8,051.	FMV	FOOD

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CHURCH OF THE NAZARENE 2402 UNION ST. KENNEWICK, WA 99337	91-0932430	501(C)(3)	0.	20,744.	FMV	FOOD
GEN BRD CHURCH OF THE NAZARENE 204 N. THIRD ST. HARRINGTON, WA 99134	91-0956984	501(C)(3)	0.	61,014.	FMV	FOOD
THE WHITMAN COUNTY COA PO BOX 107 COLFAX, WA 99111	91-0964790	501(C)(3)	0.	477,631.	FMV	FOOD
VALLEY FOOD PANTRY PO BOX 81 VALLEY, WA 99181	91-0978768	501(C)(3)	0.	67,980.	FMV	FOOD
SPANGLE FOOD BANK PO BOX 203 SPANGLE, WA 99031	91-0991209	501(C)(3)	0.	40,110.	FMV	FOOD
CHRISTIAN HERALD FELLOWSHIP 1906 E. SPRAGUE AVE. SPOKANE, WA 99202	91-0995031	501(C)(3)	0.	24,600.	FMV	FOOD
TRI-CITIES FOOD BANK - RICHLAND 321 WELLSIAN WAY RICHLAND, WA 99352-4116	91-1011971	501(C)(3)	0.	2,284,516.	FMV	FOOD
WENATCHEE RC & DV CENTER 1207 NORTH WENATCHEE AVENUE WENATCHEE, WA 98801	91-1018890	501(C)(3)	0.	18,115.	FMV	FOOD
NEW HOPE FARMS PO BOX 89 GOLDENDALE, WA 98620	91-1039111	501(C)(3)	0.	51,189.	FMV	FOOD

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SPOKANE VALLEY ASSEMBLY OF GOD 15618 E BROADWAY AVE SPOKANE VALLEY, WA 99037	91-1058397	501(C)(3)	0.	44,994.	FMV	FOOD
FISH FOOD BANK PO BOX 85 ELLENSBURG, WA 98926	91-1059920	501(C)(3)	0.	471,107.	FMV	FOOD
SEVENTH DAY ADVENTIST-PASCO 10000 W. COURT ST. PASCO, WA 99301	91-1060609	501(C)(3)	0.	631,889.	FMV	FOOD
DAYBREAK YOUTH SERVICES 960 E. 3RD AVE. SPOKANE, WA 99202	91-1083936	501(C)(3)	0.	11,646.	FMV	FOOD
SNR CTZNS OF CHEWELAH VALLEY PO BOX 628 CHEWELAH, WA 99109	91-1084840	501(C)(3)	0.	102,138.	FMV	FOOD
GOLDENDALE FOOD PANTRY PO BOX 48 GOLDENDALE, WA 98620	91-1086619	501(C)(3)	0.	33,508.	FMV	FOOD
CUSICK FOOD BANK PO BOX 126 CUSICK, WA 99119	91-1102635	501(C)(3)	0.	84,885.	FMV	FOOD
SPOKANE TREATMENT/RECOVERY SER PO BOX 2845 SPOKANE, WA 99220	91-1108762	501(C)(3)	0.	9,620.	FMV	FOOD
WOMEN'S RESOURCE CENTER PO BOX 2051 WENATCHEE, WA 98801	91-1109429	501(C)(3)	0.	23,417.	FMV	FOOD

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NEW HORIZON CARE CENTER INC. PO BOX 4627 SPOKANE, WA 99202	91-1113010	501(C)(3)	0.	79,069.	FMV	FOOD
SPOKANE TREATMENT/RECOVERY SER PO BOX 2845 SPOKANE, WA 99220	91-1140012	501(C)(3)	0.	16,495.	FMV	FOOD
EAST CENTRAL FOOD BANK 500 S. STONE SPOKANE, WA 99202	91-1143596	501(C)(3)	0.	581,518.	FMV	FOOD
CONGREG OF MARY IMMACULATE QUE 8502 N. SAINT MICHAELS RD. SPOKANE, WA 99217	91-1144162	501(C)(3)	0.	34,629.	FMV	FOOD
ASOTIN CO MENTAL HLTH CTR ASSO 900 7TH STREET CLARKSTON, WA 99403	91-1156943	501(C)(3)	0.	12,879.	FMV	FOOD
CHENEY FOOD BANK PO BOX614 CHENEY, WA 99004	91-1171888	501(C)(3)	0.	113,188.	FMV	FOOD
SOZO FOOD BANK 120 RAILROAD AVE KENNEWICK, WA 99336	91-1184020	501(C)(3)	0.	890,872.	FMV	FOOD
VOLUNTEER FOOD RESOURCE CENTER 210 S. WYNNE COLVILLE, WA 99114	91-1192094	501(C)(3)	0.	217,684.	FMV	FOOD
FOUNDATION MINISTRIES PO BOX 14761 SPOKANE VALLEY, WA 99214	91-1225144	501(C)(3)	0.	631,866.	FMV	FOOD

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CARE AND SHARE FOOD BANK PO BOX 217 DAVENPORT, WA 99122	91-1228920	501(C)(3)	0.	31,817.	FMV	FOOD
AIRWAY HEIGHTS BAPTIST CHURCH 12322 W. SUNSET HIGHWAY AIRWAY HEIGHTS, WA 99001	91-1229630	501(C)(3)	0.	175,412.	FMV	FOOD
SEVENTH DAY ADV - GRANDVIEW PO BOX 1409 PROSSER, WA 99350	91-1230404	501(C)(3)	0.	515,827.	FMV	FOOD
FRIENDSHIP BAPTIST CHURCH 1801 PATERSON ROAD PROSSER, WA 99350	91-1231117	501(C)(3)	0.	23,138.	FMV	FOOD
SPOKANE CHRISTIAN CENTER PANTRY 8909 E. BIGALOW GULCH SPOKANE, WA 99217	91-1233039	501(C)(3)	0.	29,588.	FMV	FOOD
LOON LAKE FOOD PANTRY PO BOX 64 LOON LAKE, WA 99148	91-1236018	501(C)(3)	0.	1,720,945.	FMV	FOOD
COMMUNITY FOOD BANK OF DAYTON 637 HARLEM ROAD DAYTON, WA 99328	91-1240257	501(C)(3)	0.	19,272.	FMV	FOOD
FAMILY CRISIS NETWORK PO BOX 944 NEWPORT, WA 99156	91-1248443	501(C)(3)	0.	15,636.	FMV	FOOD
HOSPITALITY HOUSE MINISTRIES PO BOX 2542 WENATCHEE, WA 98807	91-1268801	501(C)(3)	0.	360,280.	FMV	FOOD

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OTHELLO FOOD BANK PO BOX 152 OTHELLO, WA 99344	91-1269359	501(C)(3)	0.	392,268.	FMV	FOOD
THE COMM FOOD & CLOTHING BANK PO BOX 24 HUNTERS, WA 99137	91-1285211	501(C)(3)	0.	15,212.	FMV	FOOD
US CONF. OF CATHOLIC BISHOPS 1805 W. 9TH AVE. SPOKANE, WA 99204	91-1307272	501(C)(3)	0.	30,681.	FMV	FOOD
CONNELL FOOD BANK PO BOX 745 CONNELL, WA 99326	91-1322596	501(C)(3)	0.	38,102.	FMV	FOOD
KETTLE FALLS COMMUNITY CHEST PO BOX 1145 KETTLE FALLS, WA 99141	91-1328160	501(C)(3)	0.	105,579.	FMV	FOOD
ZILLAH FOOD BANK PO BOX 1442 ZILLAH, WA 98953	91-1347733	501(C)(3)	0.	6,762.	FMV	FOOD
OTIS ORCHARDS FOOD BANK PO BOX 0189 OTIS ORCHARDS, WA 99027	91-1349542	501(C)(3)	0.	46,724.	FMV	FOOD
FORD FOOD PANTRY PO BOX 184 FORD, WA 99013	91-1367180	501(C)(3)	0.	13,219.	FMV	FOOD
OUR PLACE FOOD BANK 1509 W. COLLEGE AVENUE SPOKANE, WA 99201	91-1384287	501(C)(3)	0.	212,993.	FMV	FOOD

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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) Desc non-cash :
EPHRATA FOOD BANK 1010 A. STREET EPHRATA, WA 98823	91-1391859	501(C)(3)	0.	65,344.	FMV	FOOD
ADDY RESCUE MISSION FB PO BOX 388 ADDY, WA 99101	91-1394575	501(C)(3)	0.	48,135.	FMV	FOOD
YAKIMA ROTARY FOOD BANK PO BOX 2221 YAKIMA, WA 98907	91-1397598	501(C)(3)	0.	610,526.	FMV	FOOD
WOMEN'S & CHILDREN'S FREE REST 1620 N. MONROE AVE. SPOKANE, WA 99205	91-1399742	501(C)(3)	0.	59,998.	FMV	FOOD
THE CITY GATE FOOD BANK 170 S. MADISON ST. SPOKANE, WA 99201	91-1407104	501(C)(3)	0.	312,591.	FMV	FOOD
ODESSA FOOD BANK PO BOX 301 ODESSA, WA 99159	91-1415096	501(C)(3)	0.	14,071.	FMV	FOOD
UPPER VALLEY MEND PO BOX 772 LEAVENWORTH, WA 98826	91-1415660	501(C)(3)	0.	116,042.	FMV	FOOD
ST ANN'S SUNDAY LUNCH 2521 E. DIAMOND SPOKANE, WA 99217	91-1431253	501(C)(3)	0.	16,413.	FMV	FOOD
SOAP LAKE FOOD BANK E 325 MAIN SOAP LAKE, WA 98851	91-1454702	501(C)(3)	0.	33,356.	FMV	FOOD

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance
SPOKANE VALLEY PARTNERS PO BOX 141360 SPOKANE VALLEY, WA 99214	91-1478830	501(C)(3)	0.	1,257,909.	FMV	FOOD
BETTER LIVING CENTER PO BOX 48124 SPOKANE, WA 99228	91-1523400	501(C)(3)	0.	450,822.	FMV	FOOD
UPPER COUNTY COMMUNITY CHURCH PO BOX 33 EASTON, WA 98925	91-1543937	501(C)(3)	0.	121,411.	FMV	FOOD
BASIN CITY HELP SERVICES 101 CANAL DRIVE MESA, WA 99343	91-1544022	501(C)(3)	0.	71,858.	FMV	FOOD
PULLMAN CHILD WELFARE ASSOC PO BOX 521 PULLMAN, WA 99163	91-1548710	501(C)(3)	0.	108,700.	FMV	FOOD
CARITAS OUTREACH MINISTRIES 1612 W DALKE SPOKANE, WA 99205	91-1569891	501(C)(3)	0.	205,999.	FMV	FOOD
QUINCY FOOD BANK PO BOX 413 QUINCY, WA 98848	91-1612682	501(C)(3)	0.	225,788.	FMV	FOOD
NEW HOPE RANCH 622 EAST CAROLINE COURT SPOKANE, WA 99218	91-1630914	501(C)(3)	0.	393,161.	FMV	FOOD
NEWPORT FOOD BANK PO BOX 1952 NEWPORT, WA 99156	91-1637970	501(C)(3)	0.	79,660.	FMV	FOOD

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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) Desc non-cash :
GARFIELD COUNTY FOOD BANK PO BOX 147 POMEROY, WA 99347	91-1657333	501(C)(3)	0.	19,270.	FMV	FOOD
GREAT COMMANDMENTS MINISTRIES PO BOX 942 NACHES, WA 98937	91-1660952	501(C)(3)	0.	21,578.	FMV	FOOD
BOYS AND GIRLS CLUB OF TRI-CITIES 801 N. 18TH AVENUE PASCO, WA 99301	91-1673327	501(C)(3)	0.	74,277.	FMV	FOOD
VINEYARD CHRISTIAN FLLWSHP 184 DEGRIEF RD. COLVILLE, WA 99114	91-1852254	501(C)(3)	0.	31,548.	FMV	FOOD
SHALOM MINISTRIES PO BOX 4405 SPOKANE, WA 99220	91-1878389	501(C)(3)	0.	104,668.	FMV	FOOD
JESUS IS THE ANSWER CHURCH 1803 E. DESMET AVE. SPOKANE, WA 99202	91-1889132	501(C)(3)	0.	93,730.	FMV	FOOD
ROYAL CITY FOOD BANK 17619 ROAD 13 S.W. ROYAL CITY, WA 99357	91-1910402	501(C)(3)	0.	166,040.	FMV	FOOD
BOYS & GIRLS CLUB BENTON/FRANKLIN 544 E PROVIDENCE SPOKANE, WA 99201	91-1983357	501(C)(3)	0.	41,600.	FMV	FOOD
NORTHPORT FOOD BANK PO BOX 411 NORTHPORT, WA 99157	91-2073170	501(C)(3)	0.	60,066.	FMV	FOOD

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance
PANTRY SHELF OF WALLA WALLA 325 S. FIRST WALLA WALLA, WA 99362	91-2143214	501(C)(3)	0.	19,273.	FMV	FOOD
HELPLINE PO BOX 776 WALLA WALLA, WA 99362	91-2148803	501(C)(3)	0.	28,429.	FMV	FOOD
SOUTHSIDE FOOD PANTRY 2934 E. 27TH AVENUE SPOKANE, WA 99223	91-2153486	501(C)(3)	0.	1,230,666.	FMV	FOOD
SERVE WENATCHEE VALLEY 212 S. MISSION WENATCHEE, WA 98801	91-2164787	501(C)(3)	0.	57,627.	FMV	FOOD
MANSFIELD FOOD BANK PO BOX 191 MANSFIELD, WA 98830	91-2168580	501(C)(3)	0.	18,112.	FMV	FOOD
MEAD FOOD BANK 2105 E. CARLSON CT. SPOKANE, WA 99208	91-3123923	501(C)(3)	0.	377,278.	FMV	FOOD
CITY OF PASCO SNACK PROGRAM 525 N 3RD AVENUE PASCO, WA 99301	91-6001264	501(C)(3)	0.	17,375.	FMV	FOOD
ALL SAINTS LUTHERAN 314 S. SPRUCE SPOKANE, WA 99201	91-6017136	501(C)(3)	0.	91,984.	FMV	FOOD
WEST PRESBYTERIAN FB 8910 E. DALTON SPOKANE, WA 99212	91-6029960	501(C)(3)	0.	84,131.	FMV	FOOD

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance
FEED CHENEY 423 N. 6TH ST. CHENEY, WA 99004	91-6033826	501(C)(3)	0.	20,282.	FMV	FOOD
CHELAN DOUGLAS CAC 620 LEWIS STREET WENATCHEE, WA 98801	91-6064514	501(C)(3)	0.	330,598.	FMV	FOOD
NW BAPT CONV CTRPT COMM CHURCH 14516 E. WELLESLEY AVENUE SPOKANE VALLEY, WA 99216	93-0466453	501(C)(3)	0.	36,521.	FMV	FOOD
TEEN CHALLENGE 2400 N. CRAIG RD. SPOKANE, WA 99204	93-0844063	501(C)(3)	0.	155,429.	FMV	FOOD
SALVATION ARMY - GRANDVIEW P.O. BOX 130 GRANDVIEW, WA 98930	94-1156347	501(C)(3)	0.	116,606.	FMV	FOOD
IONE BAPTIST CHURCH PO BOX 306 IONE, WA 99319	94-2774478	501(C)(3)	0.	27,982.	FMV	FOOD
WENATCHEE FOOD BANK 131 VIEW RIDGE CIRCLE WENATCHEE, WA 98801	94-3036847	501(C)(3)	0.	37,754.	FMV	FOOD
SW SPOKANE COMM. CENTER/PEACEFUL 214 N. CEDAR ST. SPOKANE, WA 99201	94-3060693	501(C)(3)	0.	208,539.	FMV	FOOD
COMMUNITY ACTION CTR PULLMAN 350 S.E. FAIRMONT RD. PULLMAN, WA 99163-5500	94-3080214	501(C)(3)	0.	126,880.	FMV	FOOD

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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) Desc non-cash :
MEDICAL LAKE FOOD BANK PO BOX 461 MEDICAL LAKE, WA 99022	94-3123923	501(C)(3)	0.	279,663.	FMV	FOOD
BETHEL CHRISTIAN CENTER-KETTLE FALLS - PO BOX 418 - KETTLE FALLS, WA 99141	94-3143251	501(C)(3)	0.	29,878.	FMV	FOOD
NORTH COUNTY FOOD PANTRY PO BOX 388 ELK, WA 99009	94-3167688	501(C)(3)	0.	283,003.	FMV	FOOD
STREETWISE 733 W GARLAND AVE SPOKANE, WA 99205	80-0726907	501(C)(3)	0.	5,202.	FMV	FOOD
CALVARY BAPTIST SOUP KITCHEN 203 E. THIRD AVENUE SPOKANE, WA 99202	91-1266124	501(C)(3)	0.	16,602.	FMV	FOOD
HILLYARD POST 1474 VFW 2902 E. DIAMOND SPOKANE, WA 99217	91-0505750	501(C)(3)	0.	16,788.	FMV	FOOD

SECOND HARVEST INLAND NORTHWEST

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)
FOOD FOR NEEDY FAMILIES & INDIVIDUALS OF WHICH NONE RECEIVED MORE THAN \$5,000	67594	0.	3,197,347.	FMV

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

PART I, LINE 2:

SECOND HARVEST PROVIDES ASSISTANCE TO OTHER ORGANIZATIONS IN THE U.S. BY PROVIDING THEM WITH FOOD FOR DISTRIBUTION TO NEEDY INDIVIDUALS AND FAMILIES. ALL ORGANIZATIONS THAT RECEIVE FOOD FROM SECOND HARVEST ARE MONITORED AT LEAST ONCE EVERY TWO YEARS FOR FOOD SAFETY AND COMPLIANCE WITH CONTRACT REGULATIONS.

SCHEDULE I, PART III, COLUMN (B):

THE NUMBER OF INDIVIDUALS SERVED IS AN ESTIMATE THAT IS BASED ON THE

Part IV Supplemental Information

CLIENT SIGN IN LOGS FOR THE MOBILE FOOD BANK, CSFP, AND BROWN BAG PROGRAMS.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SECOND HARVEST INLAND NORTHWEST

Employer identification number

23-7173826

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 on line 1a?

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

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

4 During the year, did any person listed 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 **7** **X**

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 **8** **X**

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

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

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

Schedule J (Form 990) 2018

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 organization 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 (

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
(1) JASON CLARK PRESIDENT / CEO	(i)	160,251.	13,200.	0.	16,184.	18,506.
	(ii)	0.	0.	0.	0.	0.
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
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	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this p

PART I, LINE 7:

BONUSES ARE DETERMINED BY THE BOARD OF DIRECTORS ANNUALLY AT THE MAY BOARD MEETING FOR ACHIEVING COMPANY GOALS. THE BOARD DECIDES WHETHER THERE WILL BE A BONUS AND IF SO, HOW MUCH IT WILL BE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **SECOND HARVEST INLAND NORTHWEST** Employer identification number **23-7173826**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	9,600	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	14,515	86,770,222	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

	Yes	No
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?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	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.

SCHEDULE M, PART I, COLUMN (B):

THE CONTRIBUTIONS DISCLOSED IN COLUMN (B) ARE BASED ON THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

SECOND HARVEST HAS HIRED ONE CONTRACT FOOD SERVICE FIELD REPRESENTATIVE THAT WORKS PART-TIME TO SECURE FOOD DONATIONS FROM VARIOUS INDUSTRY LEADERS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018
Open to Public
Inspection

Name of the organization

SECOND HARVEST INLAND NORTHWEST

Employer identification number
23-7173826

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CSFP: THE ORGANIZATION DISTRIBUTES PREPACKAGED USDA COMMODITIES THROUGH
PANTRIES AND A HOME DELIVERY PROGRAM TO ELIGIBLE ELDERLY PEOPLE.

EXPENSES \$ 417,120. INCLUDING GRANTS OF \$ 286,235. REVENUE \$ 0.

NUTRITION EDUCATION: THE ORGANIZATION PROVIDES HANDS-ON COOKING
CLASSES, DEMONSTRATIONS AND FOOD SAMPLES TO CLIENTS TO INCREASE FOOD
LITERACY AND HEALTHY EATING HABITS. THE ORGANIZATION'S TRAINING AND
TECHNICAL ASSISTANCE FOR PARTNER FOOD BANKS EMPOWERS THEM TO REACH MORE
CLIENTS WITH NUTRITION EDUCATION AS WELL.

EXPENSES \$ 503,592. INCLUDING GRANTS OF \$ 0. REVENUE \$ 58,039.

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

THE FORM 990 IS REVIEWED BY BOTH THE CHIEF EXECUTIVE OFFICER AND THE SENIOR
VP OF FINANCE. THE FORM 990 IS ALSO GIVEN TO THE BOARD OF DIRECTORS FOR
THEIR REVIEW AND APPROVAL AT THE MARCH BOARD MEETING BEFORE IT IS FILED
WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE PRESENTED WITH THE CONFLICT OF INTEREST STATEMENT DURING
THE BOARD MEMBER ORIENTATION PROCESS AND THIS STATEMENT MUST BE SIGNED UPON
ELECTION TO THE BOARD. ALL BOARD MEMBERS MUST SIGN A NEW CONFLICT OF
INTEREST STATEMENT ANNUALLY AT THE SEPTEMBER BOARD MEETING. THE SECOND
HARVEST EMPLOYEE HANDBOOK INCLUDES A CONFLICT OF INTEREST SECTION, WHICH IS
REVIEWED UPON EMPLOYMENT AND IS SIGNED BY THE EMPLOYEE. THE LEADERSHIP TEAM
OF SECOND HARVEST ALSO SIGNS AN ANNUAL CONFLICT OF INTEREST STATEMENT. BOTH

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

SECOND HARVEST INLAND NORTHWEST

Employer identification number

23-7173826

POLICIES ARE MONITORED BY THE ORGANIZATION'S LEADERSHIP ON AN ONGOING BASIS. IF A CONFLICT OF INTEREST ARISES WITH A BOARD MEMBER, THE BOARD MEMBER IS REQUIRED TO BE EXCUSED FROM THE BOARD MEETING DURING ANY DISCUSSION AND VOTING ON THE AREA OF CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION OF THE PRESIDENT & CEO. THE COMPENSATION COMMITTEE CONSISTS OF KEY MEMBERS FROM THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE REFERENCED THE EXECUTIVE COMPENSATION WORK DONE BY OUR NATIONAL PARTNER, FEEDING AMERICA. THE FEEDING AMERICA PROCESS WAS DEVELOPED AS A BEST-IN-CLASS EXECUTIVE COMPENSATION PROCESS AND IT SERVED AS AN EXCELLENT SOURCE OF COMPARABLE DATA FOR THE PRESIDENT/CEO SALARIES. THE COMPENSATION COMMITTEE DOCUMENTED THEIR DISCUSSIONS AND DECISIONS. A SUMMARY OF THEIR PROCESS AND DECISIONS WAS PRESENTED TO THE FULL BOARD OF DIRECTORS FOR DISCUSSION AND APPROVAL. THE COMPENSATION COMMITTEE PERFORMED THIS PROCESS DURING APRIL & MAY 2019. THE RESULTS OF THE PROCESS WERE PRESENTED TO THE FULL BOARD AND WAS APPROVED AT THE MAY 2019 MEETING.

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

THE AUDITED FINANCIAL STATEMENTS, GOVERNING AND ORGANIZATIONAL DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

SECOND HARVEST INLAND NORTHWEST

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	End-of

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public cha status (if sec 501(c)(3))
FEEDING WASHINGTON - 45-1913897 1234 EAST FRONT AVENUE SPokane, WA 99202	LEVERAGING FOOD RESOURCES IN WASHINGTON STATE	WASHINGTON	501(C)(3)	LINE 7

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

SEE PART VII FOR CONTINUATIONS

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, b organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Dispro alloc
							Yes

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota income

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

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

- 1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b** Gift, grant, or capital contribution to related organization(s)
 - c** Gift, grant, or capital contribution from related organization(s)
 - d** Loans or loan guarantees to or for related organization(s)
 - e** Loans or loan guarantees by related organization(s)

 - f** Dividends from related organization(s)
 - g** Sale of assets to related organization(s)
 - h** Purchase of assets from related organization(s)
 - i** Exchange of assets with related organization(s)
 - j** Lease of facilities, equipment, or other assets to related organization(s)

 - k** Lease of facilities, equipment, or other assets from related organization(s)
 - l** Performance of services or membership or fundraising solicitations for related organization(s)
 - m** Performance of services or membership or fundraising solicitations by related organization(s)
 - n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o** Sharing of paid employees with related organization(s)

 - p** Reimbursement paid to related organization(s) for expenses
 - q** Reimbursement paid by related organization(s) for expenses

 - r** Other transfer of cash or property to related organization(s)
 - s** Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		Method
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (mea that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets
				Yes	No		

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

FEEDING WASHINGTON

DIRECT CONTROLLING ENTITY: SECOND HARVEST INLAND NORTHWEST AND FOOD LIFE

LINE

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. SECOND HARVEST INLAND NORTHWEST	Employer identification number (EIN) or 23-7173826
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1234 E FRONT AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPOKANE, WA 99202	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JENNIFER MILNES

- The books are in the care of ▶ **1234 E. FRONT AVENUE - SPOKANE, WA 99202-2148**
Telephone No. ▶ **509-534-6678** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type SECOND HARVEST INLAND NORTHWEST Number, street, and room or suite no. If a P.O. box, see instructions. 1234 E FRONT AVENUE City or town, state or province, country, and ZIP or foreign postal code SPOKANE, WA 99202	23-7173826 E Unrelated business activity code (See instructions.) 900099

C Book value of all assets at end of year: **14,701,161.**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses: **1** Describe the only (or first) unrelated trade or business here: **UNRELATED DEBT-FINANCED INCOME**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of: **JENNIFER MILNES** Telephone number: **509-534-6678**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	3,264.	708.	2,556.
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	3,264.	708.	2,556.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule) (see instructions)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)	21	5,644.	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	5,644.	22b
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			2,556.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			
32	Unrelated business taxable income. Subtract line 31 from line 30			2,556.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	2,556.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	2,556.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	1,556.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	327.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	327.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
45b	Other credits (see instructions)	45b	
45c	General business credit. Attach Form 3800	45c	
45d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
45e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	327.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	327.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
50b	2018 estimated tax payments	50b	300.
50c	Tax deposited with Form 8868	50c	1,000.
50d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
50e	Backup withholding (see instructions)	50e	
50f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
50g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	1,300.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	973.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	973.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year		\$

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: _____ Date: _____ Title: **SENIOR VP OF FINANCE**

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

Paid Preparer Use Only

Print/Type preparer's name: **EMINA O. CRESSWELL, CPA** Preparer's signature: **EMINA O. CRESSWELL, CPA** Date: **05/01/20** Check if self-employed PTIN: **P01217304**

Firm's name: **MOSS ADAMS LLP** Firm's EIN: **91-0189318**

Firm's address: **601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201** Phone no.: **509-747-2600**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							
4b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule) STATEMENT 3	(b) Other deductions (attach schedule) STATEMENT 4	
(1) STONEWAY	32,773.	5,644.	1,465.	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 5	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 6	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 96,093.	964,674.	9.96%	3,264.	708.
(2)		%		
(3)		%		
(4)		%		
Totals			3,264.	708.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 1
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
STONEWAY	1	
BEGINNING FIRST MONTH		96,093.
BEGINNING SECOND MONTH		96,093.
BEGINNING THIRD MONTH		96,093.
BEGINNING FOURTH MONTH		
BEGINNING FIFTH MONTH		
BEGINNING SIXTH MONTH		
BEGINNING SEVENTH MONTH		
BEGINNING EIGHTH MONTH		
BEGINNING NINTH MONTH		
BEGINNING TENTH MONTH		
BEGINNING ELEVENTH MONTH		
BEGINNING TWELFTH MONTH		
TOTAL OF ALL MONTHS		288,279.
NUMBER OF MONTHS IN YEAR		3
AVERAGE AQUISITION DEBT		96,093.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 2
 AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
STONEWAY	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		967,496.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		961,852.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		964,674.

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		5,644.	
- SUBTOTAL -	1		5,644.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			5,644.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST		1,465.	
- SUBTOTAL -	1		1,465.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			1,465.

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE DEBT		96,093.	
- SUBTOTAL -	1		96,093.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			96,093.

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		964,674.	
- SUBTOTAL -	1		964,674.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			964,674.

2018 DEPRECIATION AND AMORTIZATION REPORT

STONEWAY

E- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginnir Accumula Depreciat

(D) - Asset disposed

* ITC, Salvage, Bonus, C

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return: SECOND HARVEST INLAND NORTHWEST; Business or activity to which this form relates: STONEWAY; Identifying number: 23-7173826

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.

Form I lines 1-13: 1 Maximum amount (see instructions) 1,000,000; 2 Total cost of section 179 property placed in service; 3 Threshold cost of section 179 property before reduction in limitation 2,500,000; 4 Reduction in limitation; 5 Dollar limitation for tax year; 6-7 Description of property, cost, and elected cost; 8 Total elected cost; 9 Tentative deduction; 10 Carryover of disallowed deduction; 11 Business income limitation; 12 Section 179 expense deduction; 13 Carryover of disallowed deduction to 2019.

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.)

Form II lines 14-16: 14 Special depreciation allowance for qualified property; 15 Property subject to section 168(f)(1) election; 16 Other depreciation (including ACRS) 5,644.

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

Section A

Form III lines 17-18: 17 MACRS deductions for assets placed in service in tax years beginning before 2018; 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.

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a-19g (3-year to 25-year property) and h-i (Residential and Nonresidential real property).

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 20a-20d (Class life 12-year, 30-year, 40-year).

Part IV Summary (See instructions.)

Form IV lines 21-23: 21 Listed property. Enter amount from line 28; 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 instr. 5,644.; 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 cover miles driven and personal use questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for employees.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2018 tax year:

43 Amortization of costs that began before your 2018 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44