

Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

SECOND HARVEST INLAND NORTHWEST

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1234 E FRONT AVENUE

City or town, state or province, country, and ZIP or foreign postal code

SPOKANE, WA 99202

F Name and address of principal officer: **JASON CLARK**

SAME AS C ABOVE

D Employer identification number

23-7173826

E Telephone number

509-534-6678

G Gross receipts \$ **167,012,443.**

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.2-HARVEST.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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)	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	143
	6	Total number of volunteers (estimate if necessary)	6500
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	133,093,323.
	9	Program service revenue (Part VIII, line 2g)	459,898.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,901.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,523.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,596,645.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	116,265,142.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,349,590.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 796,870.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,159,091.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	124,773,823.
	19	Revenue less expenses. Subtract line 18 from line 12	8,822,822.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	24,078,405.
	21	Total liabilities (Part X, line 26)	1,593,475.
	22	Net assets or fund balances. Subtract line 21 from line 20	22,484,930.

Part II Signature Block

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

Sign Here	Signature of officer 		Date 3/23/2022	
	Type or print name and title JENNIFER MILNES, SVP OF FINANCE			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	EMINA O. CRESSWELL, CPA	EMINA O. CRESSWELL,	03/23/22	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 ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 81,135,875. including grants of \$ 73,578,886.) (Revenue \$ 203,012.)

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 280 PARTNER NONPROFITS OPERATING FOOD PANTRIES AND MEAL PROGRAMS. SECOND HARVEST, IN CONJUNCTION WITH IT'S PARTNER AGENCIES, SERVES 114,000

4b (Code:) (Expenses \$ 66,337,584. including grants of \$ 66,337,584.) (Revenue \$ 0.)

WASHINGTON PRODUCE PROGRAM: SECOND HARVEST DISTRIBUTES SURPLUS FRESH BULK PRODUCE DONATIONS TO OTHER FEEDING AMERICA NETWORK MEMBERS.

4c (Code:) (Expenses \$ 6,981,735. including grants of \$ 6,363,393.) (Revenue \$ 0.)

TEFAP: THE ORGANIZATION DISTRIBUTES SURPLUS FOOD MADE AVAILABLE BY THE FEDERAL GOVERNMENT TO LOW INCOME AND TEMPORARILY NEEDY FAMILIES IN THE COMMUNITY.

4d Other program services (Describe on Schedule O.)(Expenses \$ 865,621. including grants of \$ 325,090.) (Revenue \$ 0.)**4e** Total program service expenses **▶** 155,320,815.

Form 990 (2020)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 143		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Form 990 (2020)

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 on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b Enter the number of voting members included on line 1a, above, who are independent		
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, 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
7b 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 on 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	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 on Schedule O)

19 Describe on 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 ContractorsCheck 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.
- See instructions for the order in which to list the persons above.

☐ 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) MARK BRAY CHAIRPERSON (THRU 06/21)	1.00	X		X				0.	0.	0.
(2) CARL SOHN VICE CHAIRPERSON	2.00	X		X				0.	0.	0.
(3) HEATHER ROSENTRATER BOARD MEMBER	1.00	X						0.	0.	0.
(4) KEN ANDERSON BOARD MEMBER	1.00	X						0.	0.	0.
(5) CARLA CICERO BOARD MEMBER (THRU 06/21)	0.50	X						0.	0.	0.
(6) RHONDA ETNIRE BOARD MEMBER	0.50	X						0.	0.	0.
(7) MICHAEL GADD BOARD MEMBER	1.00	X						0.	0.	0.
(8) STAN HILBERT BOARD MEMBER	0.50	X						0.	0.	0.
(9) ALEX JACKSON BOARD MEMBER	0.50	X						0.	0.	0.
(10) THOMAS MCLANE BOARD MEMBER	0.50	X						0.	0.	0.
(11) BRUCE NELSON BOARD MEMBER	1.00	X						0.	0.	0.
(12) DARRYL POTYK BOARD MEMBER (THRU 06/21)	0.50	X						0.	0.	0.
(13) KIMBERLY THIELMAN BOARD MEMBER (THRU 06/21)	0.50	X						0.	0.	0.
(14) JASON CLARK PRESIDENT/CEO	40.00			X				186,143.	0.	52,959.
(15) JENNIFER MILNES SECRETARY/TREASURER/CFO	40.00			X				105,789.	0.	23,466.
(16) DREW MEUER CHIEF OF STAFF	40.00					X		109,172.	0.	23,927.

Part VIII Statement of RevenueCheck 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	73,143.			
	b	Membership dues	1b	226,336.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	19,636,053.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	146,830,145.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 139,939,462.			
	h	Total. Add lines 1a-1f		166,765,677.			
	Program Service Revenue	2 a	WAREHOUSING & NUTRITION EDUCATION	Business Code	900099	203,012.	203,012.
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		203,012.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		43,754.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		167,012,443.	203,012.	0.	43,754.

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	128,901,036.	128,901,036.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	17,703,917.	17,703,917.		
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	390,933.	272,263.	117,280.	1,390.
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	3,703,163.	3,078,351.	190,471.	434,341.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	140,613.	120,806.		19,807.
9 Other employee benefits	547,508.	399,680.	43,801.	104,027.
10 Payroll taxes	396,712.	337,621.	15,703.	43,388.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	59,400.		59,400.	
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.)	97,354.	36,372.	16,531.	44,451.
12 Advertising and promotion	6,546.			6,546.
13 Office expenses	429,099.	287,780.	33,232.	108,087.
14 Information technology	114,142.	33,942.	56,457.	23,743.
15 Royalties				
16 Occupancy	599,544.	589,076.	10,468.	
17 Travel	6,609.	6,432.	177.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	64,922.	75.	64,847.	
20 Interest	44,183.		44,183.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	584,980.	549,881.	35,099.	
23 Insurance	81,857.	69,842.	12,015.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VALUE ADDED PURCHASES	2,123,175.	2,123,175.		
b EQUIPMENT RENT & MAINT.	486,259.	479,933.	2,847.	3,479.
c MOTOR FREIGHT/FLEET GAS	225,643.	225,643.		
d DUES & FEES	138,487.	978.	133,731.	3,778.
e All other expenses	139,849.	104,012.	32,004.	3,833.
25 Total functional expenses. Add lines 1 through 24e	156,985,931.	155,320,815.	868,246.	796,870.
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 SheetCheck 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	5,837,316.	1	10,960,563.
	2 Savings and temporary cash investments	2,196,088.	2	3,442,711.
	3 Pledges and grants receivable, net	1,601,270.	3	866,235.
	4 Accounts receivable, net	537,922.	4	17,729.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,487,129.	8	7,536,439.
	9 Prepaid expenses and deferred charges	46,207.	9	53,513.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,572,175.		
	b Less: accumulated depreciation	10b 6,315,626.		
	11 Investments - publicly traded securities	8,182,290.	10c	10,256,549.
	12 Investments - other securities. See Part IV, line 11	28,556.	11	27,741.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	161,627.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,078,405.	15	409,512.	
17 Accounts payable and accrued expenses	795,077.	16	33,570,992.	
18 Grants payable		17	386,473.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties	798,398.	22		
24 Unsecured notes and loans payable to unrelated third parties		23	673,077.	
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		24		
26 Total liabilities. Add lines 17 through 25	1,593,475.	25		
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	1,059,550.	
28 Net assets without donor restrictions	20,963,112.	27	30,829,205.	
29 Net assets with donor restrictions	1,521,818.	28	1,682,237.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		29		
31 Capital stock or trust principal, or current funds		30		
32 Paid-in or capital surplus, or land, building, or equipment fund		31		
33 Retained earnings, endowment, accumulated income, or other funds	22,484,930.	32	32,511,442.	
34 Total net assets or fund balances	24,078,405.	33	33,570,992.	

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck 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	167,012,443.
2	Total expenses (must equal Part IX, column (A), line 25)	2	156,985,931.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,026,512.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,484,930.
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32,511,442.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2020)

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

2020

**Open to Public
Inspection**

Name of the organization

SECOND HARVEST INLAND NORTHWEST

Employer identification number

23-7173826

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

The organization is not a private foundation because it is: (For lines 1 through 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						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	103343093	109569117	95323862.	133093322	166765677	608095071
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	103343093	109569117	95323862.	133093322	166765677	608095071
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.						608095071

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	103343093	109569117	95323862.	133093322	166765677	608095071
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,950.	12,753.	44,699.	12,243.	43,754.	123,399.
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						608221026
12 Gross receipts from related activities, etc. (see instructions)					12	2,794,509.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	99.98	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.98	%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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"/>			

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
 - 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)? *If "Yes," describe in Part VI when and how the organization made the determination.*
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
 - 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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*
 - 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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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))? *If "Yes," provide detail in Part VI.*
 - 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? *If "Yes," provide detail in Part VI.*
 - 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? *If "Yes," provide detail in Part VI.*
- 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)? *If "Yes," answer line 10b below.*
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 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 lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described in line 11a above?
- c** A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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? 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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)? 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2** Activities Test. Answer lines 2a and 2b 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? 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.
- b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3** Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 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).		

Schedule A (Form 990 or 990-EZ) 2020

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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.)

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

SECOND HARVEST INLAND NORTHWEST

Employer identification number

23-7173826

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

Name of organization

Employer identification number

SECOND HARVEST INLAND NORTHWEST**23-7173826****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>4,628,076.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>8,548,981.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

23-7173826

Part II

[illegible]

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info, once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

2020
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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 FASB 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 FASB 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 FASB 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) 2020

032051 12-01-20

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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	81,434.	81,434.	81,434.	81,434.	81,434.
b Contributions	216,300.				
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	297,734.	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 ☐ .0000 %

b Permanent endowment ☐ 100 %

c Term endowment ☐ .0000 %

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		777,569.		777,569.
b Buildings		7,530,468.	1,645,683.	5,884,785.
c Leasehold improvements				
d Equipment		3,225,114.	1,961,400.	1,263,714.
e Other		5,039,024.	2,708,543.	2,330,481.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,256,549.

Schedule D (Form 990) 2020

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒ X

Schedule D (Form 990) 2020

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	167,051,541.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	39,098.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	39,098.
3	Subtract line 2e from line 1	3	167,012,443.
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	167,012,443.

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	157,025,029.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	39,098.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	39,098.
3	Subtract line 2e from line 1	3	156,985,931.
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	156,985,931.

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, 2021 AND 2020. NO INTEREST OR PENALTIES WERE ACCRUED FOR THE YEARS ENDED JUNE 30, 2021 AND 2020. THE ORGANIZATION FILES AN EXEMPT ORGANIZATION RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE WASHINGTON CHARITIES DIVISION.

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.

OMB No. 1545-0047

2020
**Open to Public
Inspection**

Name of the organization

SECOND HARVEST INLAND NORTHWEST

Employer identification number
23-7173826

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GREENHOUSE FOOD BANK PO BOX 280 DEER PARK, WA 99006	02-0797827	501(C)(3)	0.	612,525.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
LAKE CHELAN FOOD BANK PO BOX 2684 CHELAN, WA 98816	13-5562208	501(C)(3)	0.	205,229.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
MCKINLEY INDIAN MISSION PO BOX 470 TOPPENISH, WA 98948	16-1778694	501(C)(3)	0.	173,084.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
FLYING H BOYS RANCH 370 CARMACK LN. NACHES, WA 98937	20-2147292	501(C)(3)	0.	37,808.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SERVE SPOKANE 8303 N. DIVISION SPOKANE, WA 99208	20-4040980	501(C)(3)	0.	1,071,673.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
FEED SPRAGUE 43667 LAKE ROAD E. SPRAGUE, WA 99032	20-5779908	501(C)(3)	0.	89,748.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **180.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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	(h) Purpose of grant or assistance
LIGHT THE WAY 306 NORTHVIEW AVE SMELTERVILLE, ID 83868	20-8379199	501(C)(3)	0.	265,164. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
PEOPLES PANTRY OF FERRY COUNTY PO BOX 1114 REPUBLIC, WA 99166	23-6393377	501(C)(3)	0.	91,040. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
UNION GOSPEL MISSION--YAKIMA 1300 S. 1ST ST. YAKIMA, WA 98901	23-7050061	501(C)(3)	0.	692,553. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SDA COEUR D'ALENE 1804 N 4TH STREET COEUR D'ALENE, ID 83814	23-7082211	501(C)(3)	0.	20,970. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ST VINCENT DE PAUL - CLARKSTON 604 2ND STREET CLARKSTON, WA 99403	23-7278799	501(C)(3)	0.	255,163. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
W.H.E. NETWORK PO BOX 9637 SPOKANE, WA 99219	26-0813614	501(C)(3)	0.	459,511. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ENTIAT VALLEY FOOD BANK PO BOX 697 ENTIAT, WA 98822	26-0901943	501(C)(3)	0.	85,921. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SPEAR MINISTRIES 1905 E. PACIFIC AVENUE SPOKANE, WA 99202	26-2998013	501(C)(3)	0.	33,058. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
KETTLE RIVER LINC 365 MAIN STREET ORIENT, WA 99160	26-4139251	501(C)(3)	0.	19,909. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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	(h) Purpose of grant or assistance
NEW BEGINNINGS CHAPEL 822 WEST MAIN WALLA WALLA, WA 99362	26-4601869	501(C)(3)	0.	63,362.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SUNRISE OUTREACH CENTER 221 E. MARTIN LUTHER KING JR BLVD YAKIMA, WA 98909	27-1028426	501(C)(3)	0.	1,673,983.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
FAMILY RESOURCE CENTER OF THE TRI-CITIES - PO BOX 3872 - PASCO, WA 99302	27-1557349	501(C)(3)	0.	71,592.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
TUM TUM FOOD BANK 6424 HWY. 291 NINE MILE FALLS, WA 99026	27-2469928	501(C)(3)	0.	75,278.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
BLESSINGS FOODS 5522 W. SMITH DRIVE SPOKANE, WA 99224	27-2609153	501(C)(3)	0.	55,248.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
FATHER BACH HAVEN 108 S. STATE STREET SPOKANE, WA 99201	27-4449360	501(C)(3)	0.	14,217.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
OFF BROADWAY FAMILY OUTREACH PO BOX 9813 SPOKANE, WA 99209	30-0569413	501(C)(3)	0.	128,347.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
FAMILY OF FAITH COMMUNITY CHURCH 1505 W. CLEVELAND SPOKANE, WA 99205	30-0588274	501(C)(3)	0.	193,455.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
OROVILLE COMMUNITY FOOD BANK 922 MAIN STREET OROVILLE, WA 98844	31-1543077	501(C)(3)	0.	24,050.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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	(h) Purpose of grant or assistance
FEED THE HUNGRY 111 S ELM COLVILLE, WA 99114	35-0877568	501(C)(3)	0.	18,863.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
CASHMERE FOOD BANK 505 GLEN STREET CASHMERE, WA 98815	35-2661538	501(C)(3)	0.	16,769.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
LIGHT HOUSE CHRISTIAN MINISTRIES 526 SOUTH WENATCHEE AVE WENATCHEE, WA 98801	36-4661570	501(C)(3)	0.	507,243.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ST VINCENT CENTERS -- YAKIMA 2629 MAIN UNION GAP, WA 98903	36-5420114	501(C)(3)	0.	440,609.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
LACROSSE FOOD BANK 110 S. MAIN STREET LACROSSE, WA 99143	42-1562867	501(C)(3)	0.	52,139.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SPIRIT VALLEY FOOD BANK PO BOX 750 SPIRIT LAKE, ID 83869	42-1613921	501(C)(3)	0.	156,264.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
WEST END FOOD BANK 6396 ROAD 61 FRUITLAND, WA 99129	44-0577787	501(C)(3)	0.	39,068.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
HRC MINISTRIES PO BOX 14257 SPOKANE, WA 99214	46-3709621	501(C)(3)	0.	128,408.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
NORTH PALOUSE COMMUNITY FOOD BANK PO BOX 462 FAIRFIELD, WA 99012	47-1268499	501(C)(3)	0.	78,126.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

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(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	(h) Purpose of grant or assistance
WASHTUCNA FOOD BANK 136 MACK ROAD BENGE, WA 99371	47-4383123	501(C)(3)	0.	27,074.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
RIVERVIEW BAPTIST CHURCH 4921 W. WERNETT ROAD PASCO, WA 99301	51-0158970	501(C)(3)	0.	24,268.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
BREWSTER FOOD BANK PO BOX 826 BREWSTER, WA 98812	53-0196617	501(C)(3)	0.	47,704.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
TOPPENISH COMMUNITY CHEST PO BOX 408 TOPPENISH, WA 98948	55-0845518	501(C)(3)	0.	389,538.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
RITZVILLE FOOD PANTRY 104 W. MAIN STREET RITZVILLE, WA 99169	56-2312501	501(C)(3)	0.	39,017.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
FEED SPOKANE 114 N. FANCHER SPOKANE, WA 99212	77-0669785	501(C)(3)	0.	88,919.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ST VINCENT DE PAUL - WENATCHEE 1308 LOVE'S COURT WENATCHEE, WA 98801	80-0499597	501(C)(3)	0.	15,592.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
REVIVE AND HELP MINISTRIES 3909 W. ROWAN AVENUE SPOKANE, WA 99205	81-4759697	501(C)(3)	0.	5,262.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
COMMUNITY ACTION PARTNERSHIP PO BOX 85 KELLOGG, ID 83837	82-0263863	501(C)(3)	0.	1,565,965.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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	(h) Purpose of grant or assistance
ASOTIN COUNTY FOOD BANK 1546 MAPLE STREET CLARKSTON, WA 99403	82-0338109	501(C)(3)	0.	931,044.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
POST FALLS SENIOR CENTER 1215 E. 3RD AVENUE POST FALLS, ID 83854	82-0356946	501(C)(3)	0.	10,596.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
BONNER COMM FOOD CENTER 1707 CULVERS DR. SANDPOINT, ID 83864	82-0385747	501(C)(3)	0.	848,315.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
WEST BONNER COUNTY FB PO BOX 1088 PRIEST RIVER, ID 83856	82-0396439	501(C)(3)	0.	106,041.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
POST FALLS FOOD BANK 415 E. 3RD POST FALLS, ID 83854	82-0424551	501(C)(3)	0.	1,796,472.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SPIRIT LAKE FOOD BANK PO BOX 432 SPIRIT LAKE, ID 83854	82-0425234	501(C)(3)	0.	36,312.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SDA CLARK FORK FOOD BANK 212 W 7TH AVE CLARK FORK, ID 83811	82-0440369	501(C)(3)	0.	64,435.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ST MARIES SENIOR MEALS 711A JEFFERSON ST. MARIES, ID 83861	82-0445434	501(C)(3)	0.	44,242.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
THE ALTAR FOOD BANK 901 E. BEST AVENUE COEUR D'ALENE, ID 83814	82-0463386	501(C)(3)	0.	93,862.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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REAL LIFE MINISTRIES PANTRY 1866 N CECIL ROAD POST FALLS, ID 83854	82-0505302	501(C)(3)	0.	187,109.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ABC FOOD BANK PO BOX 416 ATHOL, ID 83801	82-0521072	501(C)(3)	0.	66,281.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
PRIEST LAKE FOOD PANTRY 5215 GLEASON MCABEE FALLS RD. PRIEST RIVER, ID 83856	82-0532708	501(C)(3)	0.	10,520.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
LAKE CITY COMMUNITY FOOD BANK 6000 N. RAMSEY ROAD COEUR D'ALENE, ID 83815	82-0537455	501(C)(3)	0.	57,837.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
GARFIELD FOOD PANTRY 211 MAIN ST GARFIELD, WA 99130	82-2705584	501(C)(3)	0.	53,072.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
CHRISTIAN LIFE FELLOWSHIP PO BOX 301 PLUMMER, ID 83851	82-6010023	501(C)(3)	0.	68,996.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
PRIEST RIVER FOOD BANK 45 S. MCKINLEY ST SUITE 107 PRIEST RIVER, ID 83856	83-0385747	501(C)(3)	0.	32,679.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
WATERVILLE FOOD BANK PO BOX 553 WATERVILLE, WA 98858	83-0477714	501(C)(3)	0.	15,592.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
CURLEW COMMUNITY FOOD PANTRY 10 S. MAIN STREET CURLEW, WA 99118	83-3073824	501(C)(3)	0.	28,108.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

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(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	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB KOOTENAI CNTY. 925 N 15TH STREET COEUR D'ALENE, ID 83814	84-1635505	501(C)(3)	0.	50,019.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
CANVAS COMMUNITY OUTREACH 2200 N 7TH STREET COEUR D'ALENE, ID 83814	84-3182296	501(C)(3)	0.	29,182.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
NORTHEAST PANTRY 4520 N. CRESTLINE AVE SPOKANE, WA 99207	90-0724290	501(C)(3)	0.	326,381.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
OMAK FOOD PANTRY PO BOX 4337 OMAK, WA 98841	91-0110398	501(C)(3)	0.	114,793.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
CARE AND SHARE GRAND COULEE 45925 STATE ROUTE E HWY 174N GRAND COULEE, WA 99133	91-0136219	501(C)(3)	0.	44,559.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
CARROLL CHILDRENS CENTER 5301 TIETON DRIVE SUITE C YAKIMA, WA 98908	91-0564959	501(C)(3)	0.	18,403.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SALVATION ARMY FOOD BANK PO BOX 9108 SPOKANE, WA 99209	91-0565002	501(C)(3)	0.	4,289,461.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ST JOSEPH FOOD BANK 604 S. 6TH ST. SUNNYSIDE, WA 98944	91-0567742	501(C)(3)	0.	55,260.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
HOUSE OF CHARITY 32 W. PACIFIC SPOKANE, WA 99201	91-0569880	501(C)(3)	0.	454,481.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

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VOA - THE LLOYD APARTMENTS 2211 N. MONROE AVENUE SPOKANE, WA 99205	91-0577131	501(C)(3)	0.	131,137.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
UNION GOSPEL MISSION - SPOKANE PO BOX 4066 SPOKANE, WA 99220	91-0613587	501(C)(3)	0.	820,138.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
EMERGENCY FOOD BANK OF IONE PO BOX 493 IONE, WA 99139	91-0615845	501(C)(3)	0.	19,144.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ST VINCENT DE PAUL WALLA WALLA 308 W. MAIN STREET WALLA WALLA, WA 99362	91-0617537	501(C)(3)	0.	110,752.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
COLVILLE SDA CHURCH 138 E CEDAR LOOP COLVILLE, WA 99114	91-0617725	501(C)(3)	0.	44,759.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
AUDUBON PARK FOOD BANK 3908 N. DRISCOLL BLVD. SPOKANE, WA 99205	91-0636511	501(C)(3)	0.	377,760.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ST VINCENT DE PAUL--PASCO PO BOX 4273 PASCO, WA 99302	91-0726356	501(C)(3)	0.	2,741,945.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SECOND CHANCE CENTER 720 WEST COURT PASCO, WA 99301	91-0792233	501(C)(3)	0.	13,340.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
WASHINGTON GORGE ACTION 1250 E. STEUBEN STREET BINGEN, WA 98605	91-0793062	501(C)(3)	0.	239,854.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

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(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	(h) Purpose of grant or assistance
SKAMANIA BRANCH FOOD BANK PO BOX 507 STEVENSON, WA 98648	91-0793062	501(C)(3)	0.	68,665.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
RURAL RESOURCES COMM ACTION 956 S. MAIN ST. SUITE A COLVILLE, WA 99114	91-0793447	501(C)(3)	0.	612,855.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
BLUE MOUNTAIN ACTION COUNCIL 1520 KELLY PL. STE. 140 WALLA WALLA, WA 99362	91-0793597	501(C)(3)	0.	1,529,283.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
OKANOGAN CAC PO BOX 1067 OKANOGAN, WA 98840	91-0814162	501(C)(3)	0.	453,522.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
MOSES LAKE FOOD BANK PO BOX 683 MOSES LAKE, WA 98837	91-0814451	501(C)(3)	0.	1,724,903.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
HOPE SOURCE 700 E MOUNTAIN VIEW SUITE 501 ELLENSBURG, WA 98926	91-0814544	501(C)(3)	0.	47,478.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
AMERICAN INDIAN CENTER 801 E. SECOND AVE. SUITE 10 SPOKANE, WA 99202	91-0822523	501(C)(3)	0.	381,584.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
NORTH BRIDGE FOOD BANK 22421 EUCLID AVENUE OTIS ORCHARDS, WA 99216	91-0832271	501(C)(3)	0.	628,573.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
UNION GOSPEL MISSION-TC PO BOX 1443 PASCO, WA 99301	91-0840528	501(C)(3)	0.	332,683.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GRAND COULEE SENIOR MEAL PROGRAM 203 MAIN STREET GRAND COULEE, WA 99133	91-0845541	501(C)(3)	0.	42,464.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ST PETER LUTHERAN 4620 N. REGAL SPOKANE, WA 99207	91-0859068	501(C)(3)	0.	12,573.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
OPPORTUNITIES INDUSTRIALIZATION CENTER - 815 FRUITVALE BLVD. - YAKIMA, WA 98902	91-0873024	501(C)(3)	0.	865,484.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
FEED MEDICAL LAKE 223 S. HALLET MEDICAL LAKE, WA 99022	91-0890078	501(C)(3)	0.	55,763.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
MOSES LAKE SENIOR OPPORTUNITY & SERVICE - 608 EAST THIRD AVE. - MOSES LAKE, WA 98837	91-0898265	501(C)(3)	0.	294,702.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
MID COLUMBIA MEALS ON WHEELS 1824 FOWLER STREET RICHLAND, WA 99352	91-0909913	501(C)(3)	0.	24,018.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
CHRISTIAN AID CENTER 202 W BIRCH ST WALLA WALLA, WA 99362	91-0918048	501(C)(3)	0.	17,034.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
HARRINGTON FOOD BANK 204 N. THIRD ST. HARRINGTON, WA 99134	91-0956984	501(C)(3)	0.	82,068.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
COUNCIL ON AGING AND HUMAN SERVICES - PO BOX 107 - COLFAX, WA 99111	91-0964790	501(C)(3)	0.	646,535.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

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VALLEY FOOD PANTRY PO BOX 81 VALLEY, WA 99181	91-0978768	501(C)(3)	0.	147,419.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SPANGLE FOOD BANK PO BOX 203 SPANGLE, WA 99031	91-0991209	501(C)(3)	0.	70,809.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
MENDING FENCES FELLOWSHIP 1906 E. SPRAGUE AVENUE SPOKANE, WA 99202	91-0995031	501(C)(3)	0.	31,853.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
TRI-CITIES FOOD BANK 321 WELLSIAN WAY RICHLAND, WA 99352	91-1011971	501(C)(3)	0.	3,134,628.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SAGE 710 N. CHELAN AVENUE WENATCHEE, WA 98801	91-1018890	501(C)(3)	0.	15,592.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
NEW HOPE FARMS PO BOX 89 GOLDENDALE, WA 98620	91-1039111	501(C)(3)	0.	108,686.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SPOKANE VALLEY ASSEMBLY OF GOD 15618 E BROADWAY AVE SPOKANE VALLEY, WA 99037	91-1058397	501(C)(3)	0.	88,395.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
FISH FOOD BANK PO BOX 85 ELLENBURG, WA 98926	91-1059920	501(C)(3)	0.	441,050.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SEVENTH DAY ADVENTIST-PASCO 10000 W. COURT ST. PASCO, WA 99301	91-1060609	501(C)(3)	0.	1,364,478.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

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CHEWELAH FOOD BANK PO BOX 628 CHEWELAH, WA 99109	91-1084840	501(C)(3)	0.	91,836.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
GOLDENDALE FOOD PANTRY PO BOX 48 GOLDENDALE, WA 98620	91-1086619	501(C)(3)	0.	68,649.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
PALOUSE FOOD PANTRY 215 E. CHURCH ST. PALOUSE, WA 99161	91-1090455	501(C)(3)	0.	29,001.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
CUSICK FOOD BANK PO BOX 126 CUSICK, WA 99119	91-1102635	501(C)(3)	0.	143,925.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SPOKANE CUBHOUSE 14819 E. MISSION AVE SPOKANE VALLEY, WA 99216	91-1108762	501(C)(3)	0.	9,971.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
WOMEN'S RESOURCE CENTER PO BOX 2051 WENATCHEE, WA 98801	91-1109429	501(C)(3)	0.	14,649.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ISABELLA HOUSE 2308 W 3RD SPOKANE, WA 99202	91-1113010	501(C)(3)	0.	39,177.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SPOKANE TREATMENT AND RECOVERY SERVICES - PO BOX 2845 - SPOKANE, WA 99220	91-1140012	501(C)(3)	0.	7,500.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
DR. MARTIN LUTHER KING JR. FOOD BANK - 500 S. STONE - SPOKANE, WA 99202	91-1143596	501(C)(3)	0.	614,582.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

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ST. MICHAELS CONVENT 8502 N. SAINT MICHAELS RD. SPOKANE, WA 99217	91-1144162	501(C)(3)	0.	43,246.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
QUALITY BEHAVIORIAL HEALTH 900 7TH STREET CLARKSTON, WA 99403	91-1156943	501(C)(3)	0.	14,819.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
CHENEY FOOD BANK PO BOX 614 CHENEY, WA 99004	91-1171888	501(C)(3)	0.	233,262.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SOZO FOOD BANK 120 RAILROAD AVE KENNEWICK, WA 99336	91-1184020	501(C)(3)	0.	1,230,181.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
VOLUNTEER FOOD RESOURCE CENTER 210 S. WYNNE COLVILLE, WA 99114	91-1192094	501(C)(3)	0.	221,012.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
DREAM CENTER RESOURCE CENTER PO BOX 14761 SPOKANE VALLEY, WA 99214	91-1225144	501(C)(3)	0.	688,728.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
LINCOLN COUNTY CARE AND SHARE 202 13TH STREET DAVENPORT, WA 99122	91-1228920	501(C)(3)	0.	41,279.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
AIRWAY HEIGHTS BAPTIST CHURCH 12322 W. SUNSET HIGHWAY AIRWAY HEIGHTS, WA 99001	91-1229630	501(C)(3)	0.	236,981.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SEVENTH DAY ADV-GRANDVIEW PO BOX 1409 PROSSER, WA 99350	91-1230404	501(C)(3)	0.	529,232.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

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FRIENDSHIP BAPTIST CHURCH 1801 PATERSON ROAD PROSSER, WA 99350	91-1231117	501(C)(3)	0.	33,716. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SPOKANE CHRISTIAN CENTER PANTRY 8909 E. BIGALOW GULCH SPOKANE, WA 99217	91-1233039	501(C)(3)	0.	41,262. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
LOON LAKE FOOD PANTRY PO BOX 64 LOON LAKE, WA 99148	91-1236018	501(C)(3)	0.	1,344,897. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
CALVARY BAPTIST SOUP KITCHEN 203 E. THIRD AVENUE SPOKANE, WA 99202	91-1266124	501(C)(3)	0.	18,091. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
WENATCHEE RESCUE MISSION 1450 S. WENATCHEE AVE WENATCHEE, WA 98807	91-1268801	501(C)(3)	0.	448,963. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
OTHELLO FOOD BANK 949 E. MAIN STREET OTHELLO, WA 99344	91-1269359	501(C)(3)	0.	770,323. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
HUNTERS FOOD BANK PO BOX 24 HUNTERS, WA 99137	91-1285211	501(C)(3)	0.	18,578. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
MIRYAMS HOUSE - TRANSITIONS 1805 W. 9TH AVE. SPOKANE, WA 99204	91-1307272	501(C)(3)	0.	41,704. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
CONNELL FOOD BANK PO BOX 745 CONNELL, WA 99326	91-1322596	501(C)(3)	0.	96,371. FMV		FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

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KETTLE FALLS COMMUNITY CHEST PO BOX 1145 KETTLE FALLS, WA 99141	91-1328160	501(C)(3)	0.	114,973.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
OTIS ORCHARDS FOOD BANK PO BOX 0189 OTIS ORCHARDS, WA 99027	91-1349542	501(C)(3)	0.	64,733.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
FORD FOOD PANTRY PO BOX 184 FORD, WA 99013	91-1367180	501(C)(3)	0.	27,496.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
OUR PLACE FOOD BANK 1509 W. COLLEGE AVENUE SPOKANE, WA 99201	91-1384287	501(C)(3)	0.	824,145.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
EPHRATA FOOD BANK 1010 A. STREET EPHRATA, WA 98823	91-1391859	501(C)(3)	0.	18,506.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ADDY RESCUE MISSION FB 1390 MAIN STREET ADDY, WA 99101	91-1394575	501(C)(3)	0.	85,338.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
YAKIMA ROTARY FOOD BANK PO BOX 2221 YAKIMA, WA 98907	91-1397598	501(C)(3)	0.	1,010,398.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
WOMEN'S & CHILDREN'S FREE RESTAURANT - 1620 N. MONROE AVE. - SPOKANE, WA 99205	91-1399742	501(C)(3)	0.	773,928.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
THE CITY GATE FOOD BANK 170 S. MADISON ST. SPOKANE, WA 99201	91-1407104	501(C)(3)	0.	338,220.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

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ODESSA FOOD BANK PO BOX 301 ODESSA, WA 99159	91-1415096	501(C)(3)	0.	19,616.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
UPPER VALLEY MEND COMMUNITY CUPBOARD - PO BOX 772 - LEAVENWORTH, WA 98826	91-1415660	501(C)(3)	0.	116,137.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ST ANN'S SUNDAY LUNCH 2521 E. DIAMOND SPOKANE, WA 99217	91-1431253	501(C)(3)	0.	15,759.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SOAP LAKE FOOD BANK E 325 MAIN SOAP LAKE, WA 98851	91-1454702	501(C)(3)	0.	57,924.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SPOKANE VALLEY PARTNERS PO BOX 141360 SPOKANE VALLEY, WA 99214	91-1478830	501(C)(3)	0.	1,196,382.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
BETTER LIVING CENTER PO BOX 48124 SPOKANE, WA 99228	91-1523400	501(C)(3)	0.	423,854.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
UPPER COUNTY COMMUNITY CHURCH PO BOX 33 EASTON, WA 98925	91-1543937	501(C)(3)	0.	102,092.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
BASIN CITY HELP SERVICES 101 CANAL DRIVE MESA, WA 99343	91-1544022	501(C)(3)	0.	141,464.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
PULLMAN CHILD WELFARE ASSOC PO BOX 521 PULLMAN, WA 99163	91-1548710	501(C)(3)	0.	94,061.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

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CARITAS OUTREACH MINISTRIES 1228 W. NEBRASKA SPOKANE, WA 99205	91-1569891	501(C)(3)	0.	392,366.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
QUINCY COMMUNITY FOOD BANK 210 1ST AVE SE QUINCY, WA 98848	91-1612682	501(C)(3)	0.	228,740.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
NEW HOPE RANCH 622 EAST CAROLINE COURT SPOKANE, WA 99218	91-1630914	501(C)(3)	0.	546,906.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
NEWPORT FOOD BANK 310 1/2 W. PINE STREET NEWPORT, WA 99156	91-1637970	501(C)(3)	0.	50,424.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
GREAT COMMANDMENTS MINISTRIES PO BOX 942 NACHES, WA 98937	91-1660952	501(C)(3)	0.	57,263.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
BOYS AND GIRLS CLUB OF PROSSER 823 PARK AVENUE PROSSER, WA 99350	91-1673327	501(C)(3)	0.	603,036.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
RECOVERY CAFE 214 N. CEDAR ST. SPOKANE, WA 99201	91-1764236	501(C)(3)	0.	5,649.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
HOPE VINEYARD 184 DEGRIEF RD. COLVILLE, WA 99114	91-1852254	501(C)(3)	0.	21,928.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SHALOM MINISTRIES PO BOX 4405 SPOKANE, WA 99220	91-1878389	501(C)(3)	0.	59,856.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

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ROYAL CITY FOOD BANK 17619 ROAD 13 S.W. ROYAL CITY, WA 99357	91-1910402	501(C)(3)	0.	739,328.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
NORTHPORT FOOD BANK PO BOX 411 NORTHPORT, WA 99157	91-2073170	501(C)(3)	0.	45,961.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
HELPLINE PO BOX 776 WALLA WALLA, WA 99362	91-2148803	501(C)(3)	0.	8,252.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SOUTHSIDE FOOD PANTRY 2934 E. 27TH AVENUE SPOKANE, WA 99223	91-2153486	501(C)(3)	0.	1,438,267.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SERVE WENATCHEE VALLEY 212 S. MISSION WENATCHEE, WA 98801	91-2164787	501(C)(3)	0.	52,860.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
MANSFIELD FOOD BANK PO BOX 191 MANSFIELD, WA 98830	91-2168580	501(C)(3)	0.	15,592.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
MEAD FOOD BANK 2105 E. CARLSON CT. SPOKANE, WA 99208	91-3123923	501(C)(3)	0.	823,223.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ALL SAINTS LUTHERAN 314 S. SPRUCE SPOKANE, WA 99201	91-6017136	501(C)(3)	0.	25,399.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
WEST PRESBYTERIAN FOOD BANK 8910 E. DALTON SPOKANE, WA 99212	91-6029960	501(C)(3)	0.	75,150.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

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CHELAN DOUGLAS CAC 620 LEWIS STREET WENATCHEE, WA 98801	91-6064514	501(C)(3)	0.	729,673.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
EAST VALLEY BAPTIST CHURCH 14516 E. WELLESLEY AVENUE SPOKANE VALLEY, WA 99216	93-0466453	501(C)(3)	0.	45,084.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
ADULT & TEEN CHALLENGE 2400 N. CRAIG RD. SPOKANE, WA 99204	93-0844063	501(C)(3)	0.	83,536.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SALVATION ARMY - GRANDVIEW PO BOX 130 GRANDVIEW, WA 98930	94-1156347	501(C)(3)	0.	1,178,761.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
THE PLAIN PANTRY 12565 CHAPEL DRIVE LEAVENWORTH, WA 98826	94-2774478	501(C)(3)	0.	55,109.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
WENATCHEE FOOD BANK 131 VIEW RIDGE CIRCLE WENATCHEE, WA 98801	94-3036847	501(C)(3)	0.	31,184.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
SW SPOKANE COMMUNITY CENTER 310 S. SPRUCE STREET SPOKANE, WA 99201	94-3060693	501(C)(3)	0.	332,960.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
JUBILEE MINISTRY 1429 STACY AVENUE PROSSER, WA 99350	94-3061007	501(C)(3)	0.	187,648.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
PULLMAN COMMUNITY ACTION CENTER 350 S.E. FAIRMONT RD. PULLMAN, WA 99163	94-3080214	501(C)(3)	0.	193,969.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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	(h) Purpose of grant or assistance
MEDICAL LAKE FOOD BANK PO BOX 461 MEDICAL LAKE, WA 99022	94-3123923	501(C)(3)	0.	358,185.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
THE CENTER KETTLE FALLS 435 S MEYERS KETTLE FALLS, WA 99141	94-3143251	501(C)(3)	0.	16,170.	FMV	FOOD	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS
NORTH COUNTY FOOD PANTRY PO BOX 388 ELK, WA 99009	94-3167688	501(C)(3)	0.	381,089.	FMV	FMV	FOOD TO DISTRIBUTE TO NEEDY FAMILIES AND INDIVIDUALS

Schedule I (Form 990)

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)	(f) Description of noncash assistance
FOOD FOR NEEDY FAMILIES & INDIVIDUALS OF WHICH NONE RECEIVED MORE THAN \$5,000	282685	0.	17,703,917.	FMV	FOOD

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 AND CSFP PROGRAMS.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

▶ 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.

OMB No. 1545-0047

2020

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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 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?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

	Yes	No
1b		
2		
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) 2020

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 part for any additional information.

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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

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- ▶ **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				
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	30,287	139,939,463. 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 V, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	

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

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2020

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

2020

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Inspection

Name of the organization

SECOND HARVEST INLAND NORTHWEST

Employer identification number
23-7173826

FORM 990, PART I, LINE 1

GENEROUS DONATIONS THIS PAST YEAR ENSURED THAT SECOND HARVEST INLAND
NORTHWEST COULD GET FOOD TO WHERE IT'S NEEDED MOST DURING THE COVID-19
CRISIS. EXCESS REVENUE (LINE 19) WENT TOWARD A RESERVE FUND TO HELP
SUSTAIN ESCALATED SERVICES WHILE THE CRISIS PERSISTS AND INTO THE
RECOVERY PERIOD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEALS EACH DAY.

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 \$ 494,510. INCLUDING GRANTS OF \$ 325,090. 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 \$ 371,111. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS REVIEWED BY BOTH THE PRESIDENT & CHIEF EXECUTIVE OFFICER
AND THE SENIOR VICE PRESIDENT OF FINANCE. THE FORM 990 IS ALSO GIVEN TO THE
BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL AT THE FEBRUARY BOARD

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization	SECOND HARVEST INLAND NORTHWEST	Employer identification number	23-7173826
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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 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 2021. THE RESULTS OF THE PROCESS WERE PRESENTED TO THE FULL BOARD AND WAS APPROVED AT THE MAY 2021 MEETING.

Name of the organization

SECOND HARVEST INLAND NORTHWEST

Employer identification number

23-7173826

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

SECOND HARVEST INLAND NORTHWEST'S AUDITED FINANCIAL STATEMENTS ARE
AVAILABLE FOR REVIEW ON OUR WEBSITE. THE 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.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

SECOND HARVEST INLAND NORTHWEST

Employer identification number
23-7173826

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FEEDING WASHINGTON - 45-1913897 1234 EAST FRONT AVENUE SPOKANE, WA 99202	LEVERAGING FOOD RESOURCES IN WASHINGTON STATE	WASHINGTON	501(C)(3)	LINE 7	SECOND HARVEST INLAND NORTHWEST AND FOOD LIFE		X

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

Schedule R (Form 990) 2020

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, because it had one or more related organizations treated as a partnership during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(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 (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

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