# 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| _                       | ror tr   | and the 2020 calendar year, or tax year beginning 000 1, 2020 and                              | ending U                             | UN 30, 2021  |                                |  |  |  |  |  |
|-------------------------|--|--|--------------------------------------|--|--------------------------------|--|--|--|--|--|
| В                       | Check it<br>applicat                             | SECOND HARVEST FOOD BANK   |                                      | D Employer identif   | ication number                 |  |  |  |  |  |
|                         | Addr<br>chan                                     | ge OF ORANGE COUNTY, INC.  |                                      |  |                                |  |  |  |  |  |
|                         | Nam<br>chan                                      | ge Doing business as   |                                      | 32-03626   | 11                             |  |  |  |  |  |
|                         | Initia<br>returi<br>Final<br>returi              | Number and street (or P.O. box if mail is not delivered to street address)                     | Room/suite                           | E Telephone number 949-653-2900  |                                |  |  |  |  |  |
|                         | termi<br>ated                                    |  |                                      | G Gross receipts \$  | 117,644,582.                   |  |  |  |  |  |
|                         | Amer   | nded TDV/TNP CA 02619  |                                      | H(a) Is this a group r   |                                |  |  |  |  |  |
|                         | Appli<br>tion                                    |  |                                      | for subordinates   |                                |  |  |  |  |  |
|                         | SAME AS C ABOVE  H(b) Are all subordinates inclu |  |                                      |  |                                |  |  |  |  |  |
|                         | Tay-ey   | tempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)                                 | or 527                               | 1  | ncluded? Yes No                |  |  |  |  |  |
|                         |  | ite: WWW.FEEDOC.ORG  | 01 327                               | H(c) Group exemption   |                                |  |  |  |  |  |
|                         |  | forganization: X Corporation Trust Association Other   | I Voor                               |  | M State of legal domicile; CA  |  |  |  |  |  |
|                         |  | Summary  | L Tear                               | or formation. ZUIII  | VI State of legal domicile, CA |  |  |  |  |  |
|                         | 1  |  | אווא מוא                             | GER IN ORAN  | CF COUNTY                      |  |  |  |  |  |
| Activities & Governance | ľ  |  |                                      |  |                                |  |  |  |  |  |
| e.                      | 2  | Check this box if the organization discontinued its operations or dispos                       | sed of more                          | The second secon |                                |  |  |  |  |  |
| õ                       | 3  | Number of voting members of the governing body (Part VI, line 1a)                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3  | 17                             |  |  |  |  |  |
| ජෙ                      | 4  | Number of independent voting members of the governing body (Part VI, line 1b)                  |                                      | 4  | 17                             |  |  |  |  |  |
| es                      | 5  | Total number of individuals employed in calendar year 2020 (Part V, line 2a)                   |                                      |  | 217                            |  |  |  |  |  |
|                         | 6  | Total number of volunteers (estimate if necessary)   |                                      | 6  | 670                            |  |  |  |  |  |
| Act                     | 7 a  |  |                                      |  | 0.                             |  |  |  |  |  |
| s==                     | b  | Net unrelated business taxable income from Form 990-T, Part I, line 11                         |                                      |  | 0.                             |  |  |  |  |  |
|                         |  |  |                                      | Prior Year   | Current Year                   |  |  |  |  |  |
| ō                       | 8  | Contributions and grants (Part VIII, line 1h)  |                                      | 89,646,859.  |                                |  |  |  |  |  |
| en.                     | 9  | Program service revenue (Part VIII, line 2g)   |                                      | 2,419,981.   |                                |  |  |  |  |  |
| Revenue                 | 10   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                  |                                      | 2,654.   | 2,848.                         |  |  |  |  |  |
| ш.                      | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                       |                                      | 17,687.  | -54,063.                       |  |  |  |  |  |
|                         |  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)             |                                      | 92,087,181.  | 117,366,378.                   |  |  |  |  |  |
|                         | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                               |                                      | 25,000.  | 50,000.                        |  |  |  |  |  |
|                         | 14   | Benefits paid to or for members (Part IX, column (A), line 4)                                  |                                      | 0.   | 0.                             |  |  |  |  |  |
| S                       |  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)              |                                      | 6,108,200.   | 5,466,507.                     |  |  |  |  |  |
| Expenses                | 16a  | Professional fundraising fees (Part IX, column (A), line 11e)                                  |                                      | 0.   | 0.                             |  |  |  |  |  |
| хbе                     |  | Total fundraising expenses (Part IX, column (D), line 25)   1,382,25                           |                                      | <b>国</b>   |                                |  |  |  |  |  |
| úì                      | 17   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                   |                                      |  | 102,054,874.                   |  |  |  |  |  |
|                         | 18   | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                      |                                      |  | 107,571,381.                   |  |  |  |  |  |
| _                       | 19   | Revenue less expenses. Subtract line 18 from line 12   |                                      | 6,024,464.   | 9,794,997.                     |  |  |  |  |  |
| D S                     |  |  | Be                                   | ginning of Current Year  | End of Year                    |  |  |  |  |  |
| sets                    | 20   | Total assets (Part X, line 16)   |                                      | 22,041,817.  | 31,823,010.                    |  |  |  |  |  |
| Net Ass                 | 21   | Total liabilities (Part X, line 26)  |                                      | 1,698,896.   | 1,626,358.                     |  |  |  |  |  |
|                         |  | Net assets or fund balances. Subtract line 21 from line 20                                     |                                      | 20,342,921.  | 30,196,652.                    |  |  |  |  |  |
| Pa                      | rt II  | Signature Block  |                                      |  |                                |  |  |  |  |  |
| Unde                    | er pena  | lties of perjury, I declare that I have examined this return, including accompanying schedules | and stateme                          | nts, and to the best of my   | knowledge and belief, it is    |  |  |  |  |  |
| true,                   | correc   | t, and complete Declaration of preparef (other than officer) is based on all information of wh | ich preparer                         | has any knowledge.   |                                |  |  |  |  |  |
|                         |  |  |                                      | 5.5  | . 22                           |  |  |  |  |  |
| Sigr                    | 1  | Signature of officer   |                                      | Date   |                                |  |  |  |  |  |
| Here                    | е  | CLAUDIA KELLER, CEO  |                                      |  |                                |  |  |  |  |  |
|                         |  | Type or print name and title   |                                      |  |                                |  |  |  |  |  |
|                         |  | Print/Type preparer's name Preparer's signature  |                                      | Date Check   | PTIN                           |  |  |  |  |  |
| Paid                    |  | LISA N. RYSSEL, CPA LISA N. RYSSEL,  | CPA 0                                | 4/18/22 self-employ  | P00643670                      |  |  |  |  |  |
| Prep                    | arer   | Firm's name CLIFTONLARSONALLEN LLP   |                                      |  | 41-0746749                     |  |  |  |  |  |
| Use                     | Only   | Firm's address 2875 MICHELLE DRIVE #300  |                                      |  |                                |  |  |  |  |  |
|                         |  | IRVINE, CA 92606   |                                      | Phone no. (7   | 14) 978-1300                   |  |  |  |  |  |
| May                     | the IF   | AS discuss this return with the preparer shown above? See instructions                         |                                      |  | X Yes No                       |  |  |  |  |  |
|                         | 1 12-2   |  | ΠS.                                  |  | Form <b>990</b> (2020)         |  |  |  |  |  |

SECOND HARVEST FOOD BANK OF ORANGE COUNTY, INC.

| Form | 990 (2020) OF ORANGE COUNTY, INC. 32-0362611 Page 2   |
|------|---|
| Par  | t III Statement of Program Service Accomplishments  |
|      | Check if Schedule O contains a response or note to any line in this Part III  |
| 1    | Briefly describe the organization's mission:  |
|      | SECOND HARVEST FOOD BANK'S MISSION IS TO END HUNGER IN ORANGE COUNTY.   |
|      | THROUGH A NETWORK OF PANTRIES AND PARTNERS, WE PROVIDE CONSISTENT   |
|      | ACCESS TO NUTRITIOUS FOOD AND ARE COMMITTED TO DOING WHATEVER IT TAKES  |
|      | TO ENSURE ALL ARE WELL FED.   |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the  |
|      | prior Form 990 or 990-EZ?   |
|      | If "Yes," describe these new services on Schedule O.  |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  |
|      | If "Yes." describe these changes on Schedule O.   |
| 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.   |
| 4-   | 104 001 202 E0 000 7 142 201 .  |
| 4a   | (Code: ) (Expenses \$ 104,081,292. including grants of \$ 50,000.) (Revenue \$ 7,143,391.)  SINCE 1983, SECOND HARVEST FOOD BANK HAS BEEN FEEDING ORANGE COUNTY'S |
|      | MOST VULNERABLE POPULATIONS INCLUDING CHILDREN AND THEIR FAMILIES,  |
|      |   |
|      | SENIORS ON FIXED INCOMES, VETERANS, PEOPLE WITH DISABILITIES, AND THOSE   |
|      | EXPERIENCING HOMELESSNESS.  |
|      |   |
|      | WE ARE A PURPOSE-DRIVEN ORGANIZATION COMMITTED TO DOING WHATEVER IT   |
|      | TAKES TO ENSURE ALL ARE WELL FED. WE BELIEVE THAT PROVIDING DIGNIFIED,  |
|      | EQUITABLE, CONSISTENT ACCESS TO NUTRITIOUS FOOD CREATES A FOUNDATION  |
|      | FOR COMMUNITY HEALTH AND IS A CATALYST FOR SOCIETAL TRANSFORMATION.   |
|      |   |
|      | IN FISCAL YEAR 2021, SECOND HARVEST FOOD BANK DISTRIBUTED 59.3 MILLION  |
|      | POUNDS OF NUTRITIOUS FOOD TO AN AVERAGE OF 489,960 PEOPLE PER MONTH.  |
| 4b   | (Code:) (Expenses \$including grants of \$) (Revenue \$)  |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
| _    |   |
| 4c   | (Code:) (Expenses \$  |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
| 4d   | Other program services (Describe on Schedule O.)  |
| 40   | (Expenses \$ including grants of \$ ) (Revenue \$ )   |
| 4-   | 104 001 202   |
| _4e_ | Form 990 (2020)   |

SEE SCHEDULE O FOR CONTINUATION(S)

032002 12-23-20

OF ORANGE COUNTY, INC.

Part IV Checklist of Required Schedules

32-0362611 Page 3

| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |            | Yes  | N  |
|----------|---|------------|------|----|
|          | If "Yes," complete Schedule A   | 1          | Х    |    |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2          | Х    |    |
| 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  | 3          |      | 2  |
| 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   | 4          |      | 2  |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |            |      | Γ  |
|          | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5          |      | 2  |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |            |      | Г  |
|          | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6          |      | 2  |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |            |      | Γ  |
|          | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | .7         |      | :  |
| 3        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |            |      | Г  |
|          | Schedule D, Part III  | В          |      | :  |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   |            |      | Г  |
| -        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |            |      | l  |
|          | If "Yes," complete Schedule D, Part IV  | 9          |      | Ŀ  |
| )        | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |            |      | T  |
| -        | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10         | х    |    |
|          | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X   | -10        | 1457 |    |
|          | as applicable.  |            | 5.0  |    |
|          | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   | 10-2-11-10 |      |    |
|          | , ,   | 11a        | х    | ı  |
| <b>L</b> | Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   | 114        | -22  | 1  |
| IJ       | · · · · · · · · · · · · · · · · · · ·   | 11b        |      |    |
| _        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 110        | _    | -  |
| C        | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   | 44.        |      |    |
| _        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c        | -    | H  |
| a        | 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   | المما      |      |    |
|          | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d        | х    | H  |
|          | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e        |      | ⊢  |
| f        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |            | .,   | l  |
|          | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f        | X    | -  |
| a        | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |            | .,   | l  |
|          | Schedule D, Parts XI and XII  | 12a        | Х    | -  |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year?   |            |      | Ι. |
|          | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b        |      | L  |
| 1        | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13         |      | L  |
| а        | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a        |      |    |
| b        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |            |      | L  |
|          | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |            |      | l  |
|          | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b        |      | L  |
| 5        | 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  | 15         |      |    |
| 6        | 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   | 16         |      |    |
| ,        | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |            |      | Γ  |
|          | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17         |      |    |
| ;        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |            |      | Γ  |
|          | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18         | х    |    |
|          | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"  |            |      | T  |
|          |   | 19         |      |    |
| 2        | complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a        |      | H  |
| 4        |   | 20b        |      | +  |
| h        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | ZUD        | _    | +  |
| b        | Did the organization report more than \$5,000 of grante or other aggistance to any demostic organization or   |            |      |    |
|          | 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 | 21         | х    |    |

Part IV Checklist of Required Schedules (continued)

32-0362611 Page 4

|        |  |      | 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  | 22   |          | 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   | 23   | X        |          |
| 24 a   | 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  | 24a  | <u> </u> | <u>X</u> |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |          |          |
| C      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |      |          |          |
|        | any tax-exempt bonds?  | 24c  |          |          |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d  |          |          |
| 25 a   | 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  | 25a  |          | X        |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |      |          |          |
|        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |      |          |          |
|        | Schedule L, Part I   | 25b  |          | 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   | 26   |          | 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   | 27   |          | 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):   |      |          | 100      |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |      |          |          |
|        | "Yes," complete Schedule L, Part IV  | 28a  |          | X        |
| b      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b  |          | X        |
| С      | 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  | 28c  |          | X        |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29   | Х        |          |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |      |          |          |
|        | contributions?  f "Yes," complete Schedule M   | 30   |          | X        |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31   |          | Х        |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |      |          | l        |
|        | Schedule N, Part II  | 32   |          | 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  | 33   |          | 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   | 34   | Х        | <u> </u> |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  |          | X        |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |      |          |          |
|        | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b  |          | -        |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |      |          |          |
|        | If "Yes," complete Schedule R, Part V, line 2  | 36   |          | 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   | 37   |          | X        |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |      |          |          |
|        | Note: All Form 990 filers are required to complete Schedule O  | 38   | X        |          |
| Pai    | ACTIVITY OF A STATE OF |      |          | -        |
|        | Check if Schedule O contains a response or note to any line in this Part V   |      |          |          |
|        | 1 1  |      | Yes      | No       |
|        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |      |          |          |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |      |          |          |
| C      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   | ME   |          | -0.0     |
|        | (gambling) winnings to prize winners?  | 1c   |          |          |
| 032004 | 12-23-20   | Form | 990      | (2020)   |

OF ORANGE COUNTY, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued)

32-0362611

Page 5

| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a X  b If "Yes," enter the name of the foreign country  See instructions for filling 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?  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?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  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?  7b If "Yes," indicate the number of Forms 8282 filed during the year  |    |  |        | Yes          | No       |
|---|----|--|--------|--------------|----------|
| b If a least one is reported on line 2a, did the organization field all required for each give instructions?  Note: If the sum of lines is and 2b; is greater than 250, you may be required to a_big (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5a If Yes, 'has it filled a form 950° for this year? If 'No' to line 3b, provide an explanation on Schedule 0  3b If 'Yes,' and unity the calendary var, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country guest has a bank account, securities account, or other financial accounts (PBAR).  5a If 'Yes,' being the harmon of the freign country  5b If 'Yes,' an interest the name of the freign country  5c If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibblet as whether transaction?  5b If 'Yes,' an interest and the organization that it was or is a party to a prohibblet as whether transaction?  5c If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibblet as whether transaction?  5c If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibblet as whether transaction?  5c If 'Yes' to line 5a or 5b, did the organization that was or is a party to a prohibblet as whether transaction?  5c If 'Yes' to line 5a or 5b, did the organization that was or is a party to a prohibblet as whether transaction?  5c If 'Yes' to line 5a or 5b, did the organization that was or it as party to a prohibblet as whether transaction or so the second of the organization solid any contributions where was possible to an advantage contributions?  5c If 'Yes' to line 5a or 5b, did the organization field the organization solid the org     | 2a |  | 1,5    | 4.500        | 0.0      |
| Note: If the sum of lines 1a and 2a is greater than 250 you may be required to a-file (see instructions) 3a Did the organization have unrelated business gross income of \$1 (000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If Yes? to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendary year, did the organization than interest in or a signature or other authority ower, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time during the calendary year, did the organization than interest in or a signature or other authority ower, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial Accounts (#BAF).  5c Was the organization a party to a prohibited tax shelter transaction?  5b If "Yes," a stable party nority the organization that it was or is a party to a prohibited star shelter transaction?  5c West the organization and evaluation file Form 889617  5c West to line 5a or 5b, did the organization file Form 889617  5c Dest the organization shell evaluation solicit any contributions by If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Dest the organization receive a payment in excess of \$75 made sarfly as a contribution and party for goods and services provided to the payor?  5c Dest the organization receive and primary in excess of \$75 made sarfly as a contribution and party for goods and services provided to the payor?  5d If "Yes," industrate the number of Forms 8282 filed during the year  5d If "Yes," industrate the number of Forms 8282 filed during the year  6d If Yes, "industrate the excess of \$75 made sarfly as a contribution of care of the valuation of the payor of the organization file Form \$859 as require |    |  |        | The state of |          |
| 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has if field a Form 990-For this year? "I /Wo ! to live 3b, provise an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (auch as a bank account, securities account, or other financial account) or the financial account in a foreign country (auch as a bank account, securities account, or other financial accounts (FBAP).  5a Was the organization a part y to a prohibeted star whether transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization she organization the organization the organization than the way or is a party to a prohibeted tax shelter transaction?  5b If "Yes," or the fire 5a or 5b, did the organization the form 8867.  5c Dese 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?  5c Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that many receive deductible?  7b Organizations that many receive deductible contributions under section 170(c).  8b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible as charitable contributions?  7c Organizations and that many receive deductible contributions under section 170(c).  8b If "Yes," indicate the number of Forms 8822 filed during the year to the organization sell and the organization and party to goods and services provided to the page of the page of the organization sell and the organization received a contribution of auch to the sources and the form 1098-07 to 10 the organization received an outh  | b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b     | Х            |          |
| b II "Yes," has it field a Form 990-T for this year? If Yeb" to line 3b, provide an explanation on Schedule C 4 At any time during the calendary 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)?  5 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts?  5 If "Yes," enter the manne of the foreign country (such as a bank account, securities account, or other financial accounts?  5 If "Yes," or other the name of the foreign country (such as a bank account, securities account, or other financial accounts?  5 If "Yes," or other the name of the foreign accountry is a security or other financial accounts?  5 If "Yes," or other the name of the organization that it was or is a party to a prohibited star shelter transaction?  5 If "Yes," or other the organization file Form 8888-17  5 If "Yes," or other the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5 If "Yes," of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5 If "Yes," of the organization start may receive deductible contributions under section 170(c).  6 If "Yes," of the organization section appretie it excess of \$15 made party as a centribution and party for goods and services provided to the payor?  5 If "Yes," of the organization receive a premium in excess of \$15 made party as a centribution or party for which it was required to file Form 82822?  7 If "Yes," indicate the number of Forms 8282 filed during the year to the organization received an outribution of cards because the payor of the organization received an outribution of acrds because the payor of the organization file form \$100 to the source of the payor of the organization file of the payor organization have excess business hol   |    |  |        | 308          |          |
| 4a A any time during the calendary 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 accounts?  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 (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for the organization that it was or is a party to a prohibited tax shador transaction?  6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the reparticulation include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitatele contributions?  6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitatele contribution and partly for goods and services provided to the payor?  7b If 'Yes,' did the organization received a payment in excess of ST6 made party as a contribution of party as a contribution of gifts goods or services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8d If 'Yes,' and did the organization received a contribution of gifts year  9d If 'Yes,' and did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9c Did the organization received any funds, directly or indirectly, to       | За |  | За     |              | X        |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If Yes, "note 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?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes' to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction?  5c If Yes' to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction?  5c If Yes' to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction?  5c If Yes' to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction?  6c If Yes' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8d If Yes', did the organization notify the donor of the value of the goods or services provided?  8d If Yes', did the organization receive aparent in excess of \$7s made party as a contribution of qualitie property for which it was required to file Form 8282? filed during the year  9d If Yes', find the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e X Y  7d If Y See indirects the number of Forms 8282 filed during the year  9d If the organization received an contribution of qualified intellectual property, did the organization file Form 8898 as required?  17d If the organization received an contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.  17d Section 501(c)(12) organizations maintaining donor advised fund      | 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     |              |          |
| b If Y'es,* enter the name of the foreign country \( \) See instructions for filing requirements for FIGN Form 114, Report of Foreign Bank and Financial Accounts (*BAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Y'es' for line Sar of 5b, did the organization file Form 88867?  5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen root tax deductible as charitable contributions?  5b If Y'es,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Idl the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organization that may receive deductible contributions under section 170(c).  a Idl the organization notify the donor of the value of the goods or services provided?  7c Idl the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 82827.  7c If Yes, 'indicate the number of Forms 8282 filed during the year  7c If Yes, 'indicate the number of Forms 8282 filed during the year  7c If Yes, 'indicate the number of Forms 8282 filed during the year  7c If Yes, 'indicate the number of Forms 8282 filed during the year  7c If Yes, 'indicate the number of Forms 8282 filed during the year  7d If Yes, 'indicate the number of Forms 8282 filed during the year  7d If Yes, 'indicate the number of Forms 8282 filed during the year  8 If the organization received an contribution of curs, beat supplies, or the revision of the contract?  7d If Yes, 'indicate the number of Forms 8282 filed during the year  9 Sponsoring organization received an contribution      | 4a |  |        |              |          |
| See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  3 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization a party to a prohibited tax shelter transaction?  5 Was the organization aparty to a prohibited tax shelter transaction?  5 Was the organization and an 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization norely the donor of the value of the goods or services provided?  8 If "Yes," did the organization norely the donor of the value of the goods or services provided?  8 If "Yes," did the organization norely the donor of the value of the goods or services provided?  9 If "Yes," indicate the number of Forms 8282 filed during the year  10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  17 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  18 Sponsoring organizations make any taxible distributions under section 4966?  19 Sponsoring organization make any taxible distributions under section 4966?  10 Section 501(c)(7) organizations has balding at any time during the year?  10 Section 501(c)(7) organizations has balding at any time during the year?  11 Section 501(c)(7) organizations has provided funds.  12 Section 501(c)(7) organizations make any taxible distributions under section 4966?  13 Section 501(c)(29) qualified nonprofit health insurance issu     |    | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a     |              | _X_      |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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 eductibles? 5c Did "Yes," idld the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 5c Did the organizations that may receive deductible contributions under section 170(c). 5c Did the organizations that may receive deductible contributions under section 170(c). 5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? 5c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5c Did the organization received an contribution of qualified intellectual property, did the organization file Form 8898 arequired? 5d Did the organization make a contribution of cars, boats, anjanes, or other evidence, did the organization file Form 8898 arequired? 5d Did the sponsoring organization have excess business holdings at any time during the year? 5d Did the sponsoring organization make a distribution to a donor dovised fund maintained by the sponsoring organization make a distribution of donor advised funds. 5d Did the sponsoring organization make a distribution of donor dovised funds. 5d Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a     | b  |  | 1      |              |          |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes" to line 5a or 5b, did the organization file Form 8886-T?  a 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?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a X Y  7b if "Yes," did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  2 Did the organization notify the donor of the value of the goods or services provided?  2 Did the organization notify the donor of the value of the goods or services provided?  2 Did the organization notify the donor of the value of the goods or services provided?  3 Did the organization number of Forms 8282 filed during the year  b Did the organization organization services any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Po X  7 Did the organization during the year, pay premiums, directly or indirectly, or a personal benefit contract?  7 Po X  7 Did the organization organization funds or qualified intellectual property, did the organization file Form 8983 as required?  1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  3 Sponsoring organizations make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  3 Sponsoring org    |    |  |        | 983          |          |
| c If 'Yes' to line 6a or 5b, did the organization file Form 886F1?  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?  6b If 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Doganizations 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?  7b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88282 or otherwise dispose of tangible personal property for which it was required to file Form 88262?  7c X  d If 'Yes,' indicate the number of Forms 8282 filed during the year  Pick If Did the organization receive any funds, directly or indirectly, no pay premiums on a personal benefit contract?  7c X  g If the organization received a contribution of qualified intellectual property, did the organization file Form 1098C7  8 Sponsoring organization received a contribution of qualified intellectual property, did the organization file a Form 1098C7  8 Sponsoring organization maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  8 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distribution and present present of the section 4966?  9 Did the sponsoring organization make any taxable distribution and present    | 5a |  | 5a     |              | <u>X</u> |
| 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twee not tax deductible as charitable contributions?  5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization seller any receive deductible contributions under section 170(c).  8 Did the organization seller, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 If "Yes," indicate the number of Forms 8282 filed during the year  20 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  21 Today of the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-07 and if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 and file the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 and file the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 and sponsoring organization manitarining donor advised funds.  2 Sponsoring organization manitarining donor advised funds.  2 Did the sponsoring organization make any taxable distributions under section 49667 and the sponsoring organization make any taxable distributions under section 49667 and the sponsoring organization make any taxable distributions under section 49667 and the sponsoring organization make any taxable distributions under section 49667 and the se     | b  |  | 5b     |              | <u>X</u> |
| any contributions that were not tax deductible as charitable contributions?  b   f *Yes,* 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a   Did the organization really apprent in excess of \$57 made party as a contribution and party for goods and services provided to the payor?  b   f *Yes,* 'did the organization notify the donor of the value of the goods or services provided?  c   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d   f *Yes,* 'indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7   Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h   ff the organization received a contribution of cars, boats, antiplanes, or other wehicles, did the organization flee a Form 1098-C?  8   Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9   Sponsoring organization make any taxable distributions under section 4966?  9   Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised funds.  a   Did the sponsoring organization make any taxable distributions under section 4966?  9   Section 501(c)(12) organizations. Enter:  a   Initiation fees and capital contributions included on Part VIII, line 12  b   Gross recome from members or shareholders  b   Gross recome from members or shareholders  b   Gross recome from there sources (D      | C  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c     |              |          |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  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?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization receive all, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization schedule on Port VIII, line 12, for public use of club facilities  10 Did the organization received from them.)  12 Secti     | 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |        |              |          |
| were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?  To a year of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of draw, boats, surplanes, or other vehicles, did the organization file a Form 1098-C?  Soponsoring organizations maintaining donor advised funds. Did a donor advised fund the organization file a Form 1098-C?  Soponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Soction 501(c)(7) organizations. Enter:  In initiation fees and capital contributions included on Part VIII, line 12  Gross received from them.)  Consideration from or form 990, Part VIII, line 12  Gross received from them.)  Consideration in the organization from 4010 pay 1011 file prom 1990 in lieu of Form 1041?  If "Yes," enter the amount of tax exempt interest received or accrued during the year  If "Yes," enter the amount of reserves the organization the organization filing Form 1990 in lieu of Form 1041?  If "Yes," enter the amount of reserves the organization the organization make 1940 pay 1014 pay 1     |    | any contributions that were not tax deductible as charitable contributions?  | 6a     |              | _X_      |
| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payo? 7 X X  5 If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 To X  6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 If 'Yes,' indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X  8 If the organization in during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did the sponsoring organization make and distributions under section 4966? 9 Sponsoring organization make and distributions under section 4966? 9 Did the sponsoring organization make and distributions under section 4966? 9 Sponsoring organization make and distributions under section 4966? 9 Sponsoring organization make and distributions under section 4966? 9 Sponsoring organization make and distributions under section 4966? 9 Sponsoring organization in section 4966 and the section 4966      | b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |        |              |          |
| 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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year    Did the organization selve wan yfunds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7a  |    | were not tax deductible?   | 6b     |              |          |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e   | 7  | Organizations that may receive deductible contributions under section 170(c).  |        | 148          |          |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," his it dicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e   | а  | 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     | -            |          |
| to file Form 8282?  d if Yes, *indicate the number of Forms 8282 filed during the year  | b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b     | Х            |          |
| d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e  | С  |  |        |              |          |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) aganizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  If "Yes," 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 in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves any payments for indoor tanning services during the tax year?  If "Yes," is the filed a Form 720 to report these payments? if "No," provide an explanation on Schedule      |    | to file Form 8282?   | 7с     |              | <u>X</u> |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(17) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Did section 501(c)(12) organizations. Enter:  Section 501(c)(12) organizations. Enter:  Section 501(c)(12) organizations with a maintain during the year 11b  Section 501(c)(12) organizations with a maintain during the year 12b  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  Section 501(c)(12) qualified nonprofit health insurance issuers.  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.  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 in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves on hand  Lib is the organization additional information of the organization explanation on excess parachute payment(s) during the year      | d  | If "Yes," indicate the number of Forms 8282 filed during the year  |        | Alle         |          |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  1b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  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.  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 in more than one state?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  b Enter the amount of reserves on hand  13b 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?  15 X If "Yes," see instructions and file Form 472     | е  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e     |              | <u>X</u> |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  9 b Did the sponsoring organization make any taxable distributions under section 4966?  9 a  | f  |  | 7f     |              | _X_      |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  14 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.  15 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  15 Enter the amount of reserves on hand  16 If "Yes," as it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  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?  15 If "Yes," see instructions and file Form 4720, Schedule N.  15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  | g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g     |              | _        |
| sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations make any taxable distributions under section 4966?  b Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11a  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  If "Yes," enter the amount of teaserves the organization in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  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?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       | h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h     |              |          |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 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. 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 c Enter the amount of reserves on hand 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X   | 8  | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |        |              |          |
| a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10c Section 501(c)(12) organizations. Enter:  a 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 11b 11b 11b 11b 11b 11c 11b 11c 11c 11c  |    | sponsoring organization have excess business holdings at any time during the year?   | 8      |              |          |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11b  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a  Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  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.  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  c Enter the amount of reserves on hand  13b  or Enter the amount of reserves on hand  13c  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  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?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  | 9  | Sponsoring organizations maintaining donor advised funds.  |        | 17.5         |          |
| section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization form 4720, Schedule O.  | а  | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a     |              |          |
| a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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. 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 c Enter the amount of reserves on hand 13a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.   | b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b     |              |          |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  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.  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  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b 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?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  If "Yes," see instructions and file Form 4720, Schedule N.  If "Yes," complete Form 4720, Schedule O.   | 10 |  | 2411   |              |          |
| Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b 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.  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  c Enter the amount of reserves on hand  13c 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 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?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.  |    |  |        | 185          |          |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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? 15 X  16 "Yes," see instructions and file Form 4720, Schedule N.  17 If "Yes," see instructions and file Form 4720, Schedule N.  18 If "Yes," complete Form 4720, Schedule O.   | b  |  |        | 200          |          |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  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.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.   |    | 1 11 1 <del>-</del>  |        |              |          |
| amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a 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.  13a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b C Enter the amount of reserves on hand  13c C Enter the amount of reserves on hand  13c C Enter the amount of reserves on hand  13c C Enter the amount of reserves on hand  13c C Enter the amount of reserves on hand  13c C Enter the amount of reserves on hand  13c C Enter the amount of reserves on hand  13c C Enter the amount of reserves on hand  13c C Enter the amount of reserves on hand  13c C Enter the amount of reserves on hand  13c C Enter the amount of reserves on hand  13c C Enter the amount of reserves on hand  13c C Enter the amount of reserves on hand  13c C Enter the amount of reserves on hand  13d C C Enter the amount of reserves on hand  13d C C Enter the amount of reserves on hand  13d C C Enter the amount of reserves on hand  13d C C Enter the amount of reserves on hand  13d C C Enter the amount of reserves on hand  13d C C Enter the amount of reserves the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b C C C C C C C C C C C C C C C C C C C  |    |  |        |              |          |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  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.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.  | b  | Gross income from other sources (Do not net amounts due or paid to other sources against   | 3.5    | 10.8         |          |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  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.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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?  15 X  16 "Yes," see instructions and file Form 4720, Schedule N.  18 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O.   |    |  |        | W. Gr        |          |
| 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.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.  |    | The same of the sa | 12a    |              |          |
| 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.  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  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  |    |  | N III  |              |          |
| Note: See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.   |    |  | entry. | 150          | DOM:     |
| 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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.   | а  |  | 13a    | _            | -        |
| organization is licensed to issue qualified health plans 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  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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? 15 X  16 If "Yes," see instructions and file Form 4720, Schedule N.  18 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X  17 If "Yes," complete Form 4720, Schedule O.   |    |  | 208    |              |          |
| 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  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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?  15  X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16  X  If "Yes," complete Form 4720, Schedule O.  | b  |  | 200    |              |          |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.   |    | organization is licensed to issue qualified health plans   | 1100   | 368          | 0=0      |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.   |    |  | - 1    | 1 -13        | 11       |
| 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. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  |    |  |        |              | _X_      |
| excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  |    |  | 14b    | _            |          |
| If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  | 15 |  |        |              | **       |
| ls the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  |    |  | 15     | 0.00         | <u>X</u> |
| If "Yes," complete Form 4720, Schedule O.   | 40 |  | ULLE   | No.          | v        |
|   | ΙĎ |  | 16     |              | <u> </u> |
|   |    | in res, complete Form 4720, Schedule O.  | F-     | 900          | 0000     |

Form 990 (2020)

# SECOND HARVEST FOOD BANK

OF ORANGE COUNTY, INC. 32-0362611 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 17 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. 17 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? 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? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? Х 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed ▶CA 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. Another's website Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records JOYCE FOLEY - 949-653-2900

92618

Form 990 (2020)

032006 12-23-20

8014 MARINE WAY, IRVINE, CA

# SECOND HARVEST FOOD BANK

32-0362611

# Form 990 (2020) OF ORANGE COUNTY, INC. 32-0 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

#### 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.

| <b>(A)</b><br>Name and title  | (B)<br>Average<br>hours per                                | box              | not c<br>, unle:      | Pos<br>heck i | more<br>rson i | than o                       | an | ( <b>D</b> ) Reportable compensation           | (E) Reportable compensation                      | (F)<br>Estimated<br>amount of   |
|-------------------------------|--|------------------|-----------------------|---------------|----------------|------------------------------|----|--|--|---|
|                               | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer       |                | Highest compensated employee | Ĺ  | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) HARALD HERRMANN           | 40.00  |                  |                       | ,,            |                |                              |    | 043.460  | 0  | 10 004  |
| CEO (2) CLAUDIA KELLER        | 40.00  |                  |                       | Х             | -              |                              | -  | 243,460.                                       | 0.   | 18,084.   |
| CDO                           | 40.00  | 1                |                       |               |                | x                            |    | 165,774.                                       | 0.   | 9,617.  |
| (3) JERRY CREEKPAUM           | 40.00  | H                | Н                     |               | -              | ₽                            | -  | 105,774.                                       | - 0.   | 9,017.  |
| COO                           | 40.00  | 1                |                       |               |                | x                            |    | 152,473.                                       | 0.   | 22,509.   |
| (4) JOYCE FOLEY               | 40.00  |                  |                       |               |                | Г                            |    |  |  |   |
| CFO                           |  |                  | _                     | Х             |                |                              |    | 152,998.                                       | 0.   | 10,063.   |
| (5) DAVID GENDREAU            | 40.00  |                  |                       |               |                | ,,                           |    | 106 226  | _  | 10 540  |
| IT DIRECTOR (6) JANE VAN DYKE | 40.00  | $\vdash$         | _                     | _             | -              | X                            | _  | 106,326.                                       | 0.   | 10,549.   |
| HR DIRECTOR                   | 40.00  |                  |                       |               |                | x                            |    | 101,227.                                       | 0.   | 9,722.  |
| (7) KATE KLIMOW               | 2.00   | Г                | Т                     |               | Т              |                              |    | 202,227  |  | 3,.52   |
| PAST CHAIR                    |  | x                |                       | X             |                |                              |    | 0.   | 0 •  | 0.  |
| (8) DAVE COFFARO              | 2.00   |                  |                       |               |                |                              |    |  |  |   |
| CHAIR                         |  | X                |                       | Х             |                |                              |    | 0.   | 0:•  | 0.  |
| (9) TRACY BRYARS              | 2.00   |                  |                       |               |                |                              |    |  |  |   |
| SECRETARY                     |  | X                |                       | Х             |                |                              |    | 0.   | 0 •  | 0.  |
| (10) KATHERINE LE             | 2.00   |                  |                       |               |                |                              |    |  | _  | _   |
| TREASURER                     |  | X                | Щ                     | Х             | _              | _                            |    | 0.   | 0 .  | 0.  |
| (11) KATHY BRONSTEIN          | 2.00   |                  |                       |               |                |                              |    |  |  | _   |
| DIRECTOR<br>(12) JOE FUSZARD  | 2 00   | Х                | H                     | _             | _              | _                            | _  | 0.   | 0.   | 0.  |
| DIRECTOR                      | 2.00   | x                |                       |               |                |                              |    | 0.   | 0.   | 0.  |
| (13) DAN GRABLE               | 2.00   | <u> </u>         | $\vdash$              | -             |                | $\vdash$                     |    | · ·  | 0.   | <u> </u>  |
| DIRECTOR                      |  | х                |                       |               |                |                              |    | 0.   | 0.   | 0.  |
| (14) DAVID HASENBALG          | 2.00   |                  | П                     |               |                |                              | П  |  |  | 1   |
| DIRECTOR                      |  | х                |                       |               |                |                              |    | 0.   | 0  | 0.  |
| (15) KAREN HERNANDEZ          | 2.00   |                  |                       |               |                |                              |    |  |  | -   |
| DIRECTOR                      |  | Х                |                       |               |                |                              |    | 0.   | 0.   | 0.  |
| (16) JAMES MORRIS             | 2.00   |                  |                       |               |                |                              |    |  |  |   |
| DIRECTOR                      |  | Х                |                       |               |                | Щ                            |    | 0.   | 0  | 0.  |
| (17) BRIGID NOONAN            | 2.00   |                  |                       |               |                |                              |    |  | _  | _   |
| DIRECTOR                      |  | X                |                       |               |                |                              |    | 0.   | 0  | 0.  |

032007 12-23-20

Form 990 (2020)

| Section A. Officers, Directors, Trus   | tees, key Em           | жоу                                     | ees,            | anc     | 1 HI         | gnes                         | L      | ompensated Employee       | s (continuea)                |   |            |                 |          |
|--|------------------------|---|-----------------|---------|--------------|------------------------------|--------|---------------------------|------------------------------|---|------------|-----------------|----------|
| (A)  | (B) (C)                |   |                 |         |              |                              |        | (D)                       | (E)                          |   |            | (F)             |          |
| Name and title   | Average                | Position<br>(do not check more than one |                 |         |              |                              | one    | Reportable                | Reportable                   |   |            |                 |          |
|  | hours per<br>week      |   |                 |         |              | is both<br>or/trus           |        | compensation              | compensation<br>from related |   |            | ount c<br>other | of       |
|  | (list any              | Tip:                                    |                 |         |              |                              |        | from<br>the               | organizations                |   | comp       |                 | tion     |
|  | hours for              | or director                             |                 |         |              | pa                           |        | organization              | (W-2/1099-MISC               |   |            | m the           |          |
|  | related                | 93                                      | trustee         |         |              | ensat                        |        | (W-2/1099-MISC)           |                              |   |            | nizati          |          |
|  | organizations<br>below | al trus                                 | onal tr         |         | loyee        | dubb                         |        |                           |                              |   |            | relate          |          |
|  | line)                  | Individual 1                            | Institutional 1 | Officer | Key employee | Highest compensated employee | Former |                           |                              |   | orgar      | nizatio         | ons      |
| (18) ALEX PARKER   | 2.00                   | 드                                       | 느               | Ö.      | 32           | 王區                           | Œ.     |                           |                              | $\dashv$                                |            |                 |          |
| DIRECTOR   | 2100                   | x                                       |                 |         |              |                              |        | 0.                        |                              | 0.                                      |            |                 | 0.       |
| (19) ALAM SALMAN   | 2.00                   | -                                       | Т               |         |              | Т                            |        |                           |                              |   |            |                 |          |
| DIRECTOR   |                        | x                                       |                 |         |              |                              |        | 0                         |                              | 0.                                      |            |                 | 0.       |
| (20) MELISSA HILL  | 2.00                   |   | П               |         |              |                              |        |                           |                              |   |            |                 |          |
| DIRECTOR   |                        | X                                       |                 |         |              |                              |        | 0.                        |                              | 0.                                      |            |                 | 0.       |
| (21) JOHN RALLS  | 2.00                   |   |                 |         |              |                              |        |                           |                              |   |            |                 |          |
| DIRECTOR   |                        | X                                       |                 |         |              |                              |        | 0.                        |                              | 0.                                      |            |                 | 0.       |
| (22) TEDDIE RAY  | 2.00                   |   |                 |         | i            |                              |        |                           |                              | _                                       |            |                 | _        |
| DIRECTOR   | 0.00                   | X                                       |                 | _       |              |                              | _      | 0.                        |                              | 0.                                      |            |                 | 0.       |
| (23) GREGORY SCOTT   | 2.00                   | ١.,                                     |                 |         |              |                              |        |                           |                              | ,                                       |            |                 |          |
| DIRECTOR   |                        | X                                       | $\vdash$        | _       |              |                              |        | 0.                        |                              | 0.                                      |            | _               | 0.       |
|  |                        | 1                                       |                 |         |              |                              |        |                           |                              |   |            |                 |          |
| T-   |                        | $\vdash$                                | Н               | -       | $\vdash$     | -                            | _      |                           |                              | $\dashv$                                |            | _               |          |
|  |                        | 1                                       |                 |         |              |                              |        |                           |                              |   |            |                 |          |
| 5  |                        | $\vdash$                                | Н               |         |              |                              |        |                           |                              | $\neg$                                  |            |                 |          |
|  |                        | 1                                       |                 |         |              |                              |        |                           |                              |   |            |                 |          |
| 1b Subtotal  | -                      |   | -               | _       | _            | -                            |        | 922,258.                  |                              | 0.                                      | 80         | ,54             | 44.      |
| c Total from continuation sheets to Part VI  |                        |   |                 |         |              |                              |        | 0.                        |                              | 0.                                      |            | -11-            | 0.       |
| d Total (add lines 1b and 1c)  |                        |   |                 |         |              |                              | •      | 922,258.                  |                              | 0.                                      | 80         | ,54             | 44.      |
| 2 Total number of individuals (including but n   |                        |   |                 |         |              |                              | o re   | eceived more than \$100,  | 000 of reportable            |   |            |                 |          |
| compensation from the organization   |                        |   |                 |         |              |                              |        |                           |                              |   |            |                 | 6        |
|  |                        |   |                 |         |              |                              |        |                           |                              | r                                       |            | Yes             | No       |
| 3 Did the organization list any former officer,  |                        |   |                 |         |              |                              |        |                           |                              | - 1                                     | 100        |                 | 37       |
| line 1a? If "Yes," complete Schedule J for s   |                        |   |                 |         |              |                              |        |                           |                              | 220                                     | 3          |                 | <u>X</u> |
| 4 For any individual listed on line 1a, is the su  | •                      |   |                 |         |              |                              |        | Y                         | _                            |   | a total (V | v               |          |
| and related organizations greater than \$150   |                        |   |                 |         |              |                              |        |                           |                              |   | 4          | Х               | -14      |
| 5 Did any person listed on line 1a receive or a<br>rendered to the organization? If "Yes." com |                        |   |                 |         |              |                              |        | -                         | iual for services            |   | 5          | -               | Х        |
| Section B. Independent Contractors   | piete Scheau           | eJI                                     | or st           | ICN I   | oers         | on                           | ****   |                           | *********************        | 171                                     |            |                 |          |
| Complete this table for your five highest co.  | mpensated inc          | lepe                                    | nde             | nt co   | ontr         | acto                         | rs th  | nat received more than \$ | 100,000 of compe             | ensat                                   | ion fro    | m               |          |
| the organization. Report compensation for  |                        |   |                 |         |              |                              |        |                           |                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |            |                 |          |
| (A)  |                        |   |                 |         |              |                              |        | (B)                       |                              |   | (C         | )               |          |
| Name and business address  |                        |   |                 |         |              |                              |        | Description of s          | ervices                      | С                                       | ompen      | sation          | n        |
| SYSCO  |                        |   |                 |         |              |                              |        |                           |                              |   |            |                 |          |
| 20701 EAST CURRIER RD, WALNUT, CA 91789  |                        |   |                 |         |              |                              |        | FOOD PURCHAS              | ES                           | 2                                       | ,823       | 3,0!            | 58.      |
| L.A. FOODS, 5115 CLARETON DRIVE STE.200,   |                        |   |                 |         |              |                              |        |                           |                              |   |            |                 |          |
| AGOURA HILLS, CA 91301   |                        |   |                 |         |              |                              | _      | FOOD PURCHAS              | ES                           | _1                                      | ,122       | 2,7             | 16.      |
| SUN TERRA PRODUCE TRADERS  |                        |   |                 |         |              |                              |        |                           |                              | 4                                       | 0.05       |                 |          |
| PO BOX 5435, NEWPORT BEAC  |                        |   |                 |         | 0            |                              | -      | FOOD PURCHAS              | ES                           | _1                                      | ,007       | ,91             | 03.      |
| GALOT INC, 5962 LA PLACE   | COURT,                 | S'I                                     | Ľ               | 41      | υ,           |                              |        |                           | <sub>E</sub>                 |   | ירב        | ۰ ۸             | กว       |
| CARLSBAD, CA 92008   |                        |   |                 |         |              |                              |        | FOOD PURCHAS              | EQ                           |   | 145        | 0,00            | U Z •    |
| NORCO RANCH PO BOX 745764, LOS ANGLES, CA 90074 FOOD PURCHASES                                 |                        |   |                 |         |              |                              |        |                           | 620                          | ),3                                     | 69         |                 |          |
| TO DOW (40) OF HOD WIGHT   | , 011 00               |   |                 |         |              |                              | 1      | - COD I OILCIAD.          |                              |   |            | ,, ,            | ~ ~ •    |

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2020)

\$100,000 of compensation from the organization

Part VIII Statement of Revenue

| _                            |     |     | Check if Schedule O contains a response of   | r note to any line |                         |  |  |  |
|------------------------------|-----|-----|--|--------------------|-------------------------|--|--|--|
|                              |     |     |  |                    | (A)<br>Total revenue    | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue   | (D) Revenue excluded from tax under sections 512 - 514 |
| ts +                         | 9 1 | l a | Federated campaigns 1a   |                    |                         |  |  |  |
| rar                          | 3   |     | Membership dues 1b   |                    |                         |  |  |  |
| S, G                         |     | С   | Fundraising events 1c  | 2,337,881.         |                         |  |  |  |
| 55                           |     |     | The state of the s |                    |                         |  |  |  |
| is,                          |     | е   | Government grants (contributions) 1e   |                    |                         |  |  |  |
| tion                         | 3   | f   | All other contributions, gifts, grants, and  |                    |                         |  |  |  |
| 真                            |     |     |  | 07,936,321.        |                         |  |  |  |
| Contributions, Gifts, Grants |     | g   | Noncash contributions included in lines 1a-1f  | 91,413,252.        |                         |  |  |  |
| Ö i                          | -   | h   | Total. Add lines 1a-1f   |                    | 110,274,202.            |  | الشنائي  |  |
|                              |     |     | -  | Business Code      |                         |  |  |  |
| çe                           | 2   | 2 a | CONTRACT SERVICE REVENUE   | 900099             | 7,090,251.              | 7,090,251.                             |  |  |
| Program Service              | 2   | b   | AGENCY FEES  | 900099             | 53,140.                 | 53,140.                                |  |  |
| Š                            |     | С   | ·  |                    |                         |  |  |  |
| ran                          | 3   | d   | 0  |                    |                         |  |  |  |
| 5<br>0                       |     | е   | 0  |                    |                         |  |  |  |
| о.                           |     | f   | All other program service revenue  |                    | T 442 224               |  |  |  |
| _                            | -   |     | Total. Add lines 2a-2f   |                    | 7,143,391.              |  |  |  |
|                              | 3   |     | Investment income (including dividends, interest   |                    | 2 040                   |  |  | 2 040  |
|                              | ١.  |     | other similar amounts)   |                    | 2,848.                  |  |  | 2,848.   |
|                              | 4   |     | Income from investment of tax-exempt bond pro  |                    |                         |  |  |  |
|                              | 5   | ,   | Royalties (i) Real   | (ii) Personal      | - 3 3-7-10              |  | The latest and the la | C 13 (1) (1)   |
|                              | ١.  |     |  | (ii) Personal      |                         |  |  |  |
|                              | ١٥  |     | Gross rents 6a   |                    |                         |  |  |  |
|                              |     |     | Less: rental expenses 6b   |                    |                         |  |  |  |
|                              |     |     | Rental income or (loss) 6c   |                    |                         |  |  |  |
|                              | ١.  |     | Net rental income or (loss)  Gross amount from sales of (i) Securities   | (ii) Other         | NAME OF THE OWNER, WHEN | ELS SOLVENINGE                         |  | 11 / 1/0 1 1 2 15                                      |
|                              | ′   | а   | 17   | (ii) Other         |                         |  |  | 1-46   |
|                              |     |     | assets other than inventory 7a   |                    |                         |  |  |  |
| 4                            |     | D   | Less: cost or other basis  |                    |                         |  |  |  |
| Other Revenue                |     | _   | and sales expenses 7b Gain or (loss) 7c  |                    |                         |  |  |  |
| eve                          |     |     | /552755377557751   <del>0                                  </del>  |                    |                         |  |  |  |
| μ.<br>CC                     | ١,  |     | Net gain or (loss)   | P                  |                         | MEGGEN COMM                            |  |  |
| ŧ                            | 8   | а   | Gross income from fundraising events (not including \$ 2,337,881. of   | 1                  |                         |  |  |  |
| O                            |     |     | contributions reported on line 1c). See  |                    |                         |  |  |  |
|                              |     |     | ,  | 173,074.           |                         |  |  |  |
|                              |     | L   | Part IV, line 18         8a           Less: direct expenses         8b   | 178,996.           |                         |  |  |  |
|                              |     |     | Net income or (loss) from fundraising events   | 170,550.           | -5,922.                 |  |  | -5,922.  |
|                              | 。   |     | Gross income from garning activities. See  |                    | 3,522.                  |  | AZZVE Kalejik  | S, Jaz.  |
|                              |     | a   | Part IV, line 19   | 1                  |                         |  |  |  |
|                              |     | ь   | 120  |                    |                         | STATE OF THE STATE OF                  |  |  |
|                              |     |     | Net income or (loss) from gaming activities  |                    |                         |  |  |  |
|                              | 10  |     | Gross sales of inventory, less returns   |                    | ENGLE VEN               | SE A CASE MELE                         | Neps, nava   | News House to the                                      |
|                              | ۱"  | u   | and allowances 10a   | 26,000.            |                         |  |  |  |
|                              |     | h   | Less: cost of goods sold 10b   | 99 208             |                         |  |  |  |
|                              |     |     | Net income or (loss) from sales of inventory   |                    | -73,208.                |  |  | -73,208,   |
|                              |     |     |  | Business Code      |                         |  | S. A. D. W. T. W.  | THE PART OF  |
| Miscellaneous<br>Revenue     | 11  | а   | OTHER INCOME   | 900099             | 24,011.                 |  |  | 24,011.  |
| nec                          |     |     | RECYCLING  | 900099             | 1,056.                  |  |  | 1,056.   |
| ella                         |     | C   | +0):   |                    |                         |  |  |  |
| Be                           |     |     | All other revenue  |                    |                         |  |  |  |
| Σ                            |     |     | Total. Add lines 11a-11d   | <b>&gt;</b>        | 25,067.                 |  |  |  |
| -                            | 12  |     | Total revenue. See instructions  |                    | 117,366,378.            | 7,143,391.                             | 0.   | -51,215.   |

Part IX Statement of Functional Expenses INC.

32-0362611 Page 10

|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|----------|--|-----------------------|------------------------------|---|--------------------------------|
| 1        | Grants and other assistance to domestic organizations  |                       | охранов                      | gonora expenses                           |                                |
|          | and domestic governments. See Part IV, line 21   | 50,000.               | 50,000.                      |   | Sall Section                   |
| 2        | Grants and other assistance to domestic  |                       |                              |   | Market St. W.                  |
|          | individuals. See Part IV, line 22  |                       |                              |   |                                |
| 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,   | 4                     |                              | 245 222                                   | 0.7.044                        |
|          | trustees, and key employees  | 433,975.              | 21,699.                      | 315,032.                                  | 97,244                         |
| 6        | Compensation not included above to disqualified  |                       |                              | 4   |                                |
|          | persons (as defined under section 4958(f)(1)) and  |                       |                              |   |                                |
|          | persons described in section 4958(c)(3)(B)   | 4 000 201             | 0.650.640                    | 600 031                                   | CEO 047                        |
| 7        | Other salaries and wages   | 4,009,321.            | 2,658,643.                   | 699,831.                                  | 650,847                        |
| 8        | Pension plan accruals and contributions (include   |                       |                              |   |                                |
|          | section 401(k) and 403(b) employer contributions)  | 402 020               | 217 (02                      | 00.760                                    | 07 470                         |
| 9        | Other employee benefits  | 493,930.              | 317,682.                     | 88,769.                                   | 87,479                         |
| 10       | Payroll taxes  | 529,281.              | 322,861.                     | 116,442.                                  | 89,978                         |
| 11       | Fees for services (nonemployees):  |                       |                              |   |                                |
| а        | Management   |                       |                              |   |                                |
| b        | Legal  | 29,040.               |                              | 29,040.                                   |                                |
| С.       | Accounting   | 29,040.               |                              | 25,040.                                   |                                |
| d        | Lobbying   |                       |                              |   |                                |
| e        | Professional fundraising services. See Part IV, line 17  |                       |                              |   |                                |
| f        | Investment management fees   |                       |                              |   |                                |
| g        |  | 305,112.              | 36,798.                      | 189,003.                                  | 79,311                         |
|          | column (A) amount, list line 11g expenses on Sch 0.)  Advertising and promotion  | 284,288.              | 1,363.                       | 264,130.                                  | 18,795                         |
| 12       | Office expenses  | 201,2001              | 1,5051                       | 201,1301                                  | 10,135                         |
| 13       | Information technology   |                       |                              |   |                                |
| 14<br>15 | Royalties  |                       |                              |   |                                |
| 16       | Occupancy  | 357,630.              | 330,486.                     | 24,390.                                   | 2,754                          |
| 17       | Travel   | 55,75551              | 000/1001                     |   |                                |
| 18       | Payments of travel or entertainment expenses   |                       |                              |   |                                |
| 10       | for any federal, state, or local public officials  |                       |                              |   |                                |
| 19       | Conferences, conventions, and meetings   | 4,191.                | 205.                         | 3,916.                                    | 70                             |
| 20       | Interest   |                       |                              |   |                                |
| 21       | Payments to affiliates   |                       |                              |   |                                |
| 22       | Depreciation, depletion, and amortization  | 856,985.              | 791,940.                     | 58,446.                                   | 6,599                          |
| 23       | Insurance  | 194,002.              | 170,089.                     | 12,553.                                   | 11,360                         |
| 24       | Other expenses, Itemize expenses not covered   |                       |                              |   |                                |
|          | above (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule O.) |                       |                              |   |                                |
| а        | DONIAMED ECOD AND CUDDLY [   | 90,170,569.           | 89,840,605.                  | 15,060.                                   | 314,904                        |
| b        | PRODUCT FEES AND PURCHA  | 8,159,850.            | 8,159,850.                   |   |                                |
| c        | DDODGAM GOGEG  | 733,471.              | 733,471.                     |   |                                |
| d        | TITLE OF A PERMITOR  | 294,440.              | 294,440.                     |   |                                |
| е        | All other expenses   | 665,296.              | 351,160.                     | 291,225.                                  | 22,911                         |
| 25       |  | 107,571,381.          | 104,081,292.                 | 2,107,837.                                | 1,382,252                      |
| 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)   |                       |                              |   |                                |

032010 12-23-20

Form 990 (2020)

# SECOND HARVEST FOOD BANK

Form 990 (2020)
Part X | Balance Sheet

OF ORANGE COUNTY, INC.

32-0362611 Page 11

| Pai                         | rt X     | Balance Sheet  |   |  |                                 |         |                           |
|-----------------------------|----------|--|---|--|---------------------------------|---------|---------------------------|
|                             |          | Check if Schedule O contains a response or not   | e to any                                | line in this Part X  |                                 |         |                           |
|                             |          |  |   |  | <b>(A)</b><br>Beginning of year |         | <b>(B)</b><br>End of year |
|                             | 1        | Cash - non-interest-bearing  |   |  | 8,989,340.                      | 1       | 16,663,979                |
|                             | 2        | Savings and temporary cash investments   |   |  |                                 | 2       |                           |
|                             | 3        | Pledges and grants receivable, net   |   |  | 233,625.                        | 3       | 356,112                   |
|                             | 4        | Accounts receivable, net   |   |  | 6,879.                          | 4       | 508                       |
|                             | 5        | Loans and other receivables from any current or  | Even Table 1                            |  |                                 |         |                           |
|                             |          | trustee, key employee, creator or founder, subst   | ontributor, or 35%                      |  |                                 |         |                           |
|                             |          | controlled entity or family member of any of thes  |   | 5  |                                 |         |                           |
|                             | 6        | Loans and other receivables from other disqualif   | sons (as defined                        |  |                                 |         |                           |
|                             |          | under section 4958(f)(1)), and persons described   |   |  |                                 | 6       |                           |
| ا 2                         | 7        | Notes and loans receivable, net  |   |  |                                 | 7       |                           |
| Assets                      | 8        | Inventories for sale or use  | 60000000                                | (****)*********  | 2,065,135.                      | 8       | 3,545,568                 |
| ۲                           | 9        | Prepaid expenses and deferred charges  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  | 86,752.                         | 9       | 245,353                   |
|                             | 10a      | Land, buildings, and equipment: cost or other  |   |  |                                 |         |                           |
|                             |          | basis. Complete Part VI of Schedule D  |   |  |                                 |         |                           |
|                             | b        | Less: accumulated depreciation   |   | 6,705,922.   | 10,453,795.                     | -       | 10,767,329                |
|                             | 11       | Investments - publicly traded securities   | ,,,,,,,,,,,                             |  | 206,291.                        | 11      | 244,161                   |
|                             | 12       | Investments - other securities. See Part IV, line 1  |   |  |                                 | 12      |                           |
| -                           | 13       | Investments - program-related. See Part IV, line 1   |   |  | 13                              |         |                           |
|                             | 14       | Intangible assets  |   | 14   |                                 |         |                           |
|                             | 15       | Other assets. See Part IV, line 11   |   |  | 00 044 045                      | 15      | 24 000 040                |
| $\dashv$                    | 16       | Total assets. Add lines 1 through 15 (must equa  |   |  | 22,041,817.                     | 16      | 31,823,010                |
|                             | 17       | Accounts payable and accrued expenses  |   | 843,009.   | 17                              | 928,812 |                           |
|                             | 18       | Grants payable   | 055 007                                 | 18   | E00 04C                         |         |                           |
|                             | 19       | Deferred revenue   | 855,887.                                | 19   | 590,046                         |         |                           |
|                             | 20       |  |   |  |                                 | 20      |                           |
|                             | 21       | Escrow or custodial account liability. Complete F  |   | (3.000000000000000000000000000000000000  |                                 | 21      |                           |
| 2                           | 22       | Loans and other payables to any current or form  |   |  |                                 | .,      |                           |
|                             |          | trustee, key employee, creator or founder, substa  |   |  |                                 |         | N I VALUE STATE           |
| Liabilities                 | 00       | controlled entity or family member of any of thes  | •                                       |  |                                 | 22      |                           |
| -                           | 23<br>24 | Secured mortgages and notes payable to unrelated<br>Unsecured notes and loans payable to unrelated |   |  |                                 | 23      |                           |
| -1                          | 25       | Other liabilities (including federal income tax, pay   |   | COMPANIES CONTRACTOR C |                                 | 24      |                           |
| -                           | 23       | parties, and other liabilities not included on lines   |   |  |                                 |         |                           |
| -1                          |          | 4-1 11-  |   |  | 0 •                             | 25      | 107,500                   |
| -1                          | 26       | Total liabilities. Add lines 17 through 25   |   |  | 1,698,896.                      | 26      | 1,626,358                 |
| 7                           |          | Organizations that follow FASB ASC 958, chec   | ALL DESCRIPTIONS                        | Control of the Contro |                                 | 20      | 270207030                 |
| 2                           |          | and complete lines 27, 28, 32, and 33.   | JK 1101 0                               |  |                                 |         |                           |
| =                           | 27       | Net assets without donor restrictions  |   |  | 15,803,484.                     | 27      | 25,436,552                |
|                             |          | Net assets with donor restrictions   |   |  | 4,539,437.                      | 28      | 4,760,100                 |
| 2                           |          | Organizations that do not follow FASB ASC 95   |   |  |                                 | 1       |                           |
| 2                           |          | and complete lines 29 through 33.  | ·                                       |  |                                 |         |                           |
| 5                           | 29       | Capital stock or trust principal, or current funds   |   |  | 29                              |         |                           |
| 1 2                         | 30       | Paid-in or capital surplus, or land, building, or equ  | t fund                                  |  | 30                              |         |                           |
| 2                           | 31       | Retained earnings, endowment, accumulated inc  |   |  | 31                              |         |                           |
| Net Assets of Fund Balances | 32       | Total net assets or fund balances  |   |  | 20,342,921.                     | 32      | 30,196,652                |
| _                           | 33       | Total liabilities and net assets/fund balances   |   |  | 22,041,817.                     | 33      | 31,823,010                |

Form 990 (2020)

SECOND HARVEST FOOD BANK OF ORANGE COUNTY, INC.

| Form | 990 (2020) OF ORANGE COUNTY, INC.   | 32-0       | 362611           | Pag   | ge 12      |  |  |  |  |  |
|------|---|------------|------------------|-------|------------|--|--|--|--|--|
|      | rt XI Reconciliation of Net Assets  |            |                  |       | 3          |  |  |  |  |  |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |            |                  |       |            |  |  |  |  |  |
|      |   |            |                  |       |            |  |  |  |  |  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1          | 117,366          |       |            |  |  |  |  |  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2          | 107,571<br>9,794 |       |            |  |  |  |  |  |
| 3    |   |            |                  |       |            |  |  |  |  |  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4          | 20,342           |       |            |  |  |  |  |  |
| 5    | Net unrealized gains (losses) on investments  | 5          | 58               | 3,7   | 34.        |  |  |  |  |  |
| 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,                    |            | 0000000          |       |            |  |  |  |  |  |
|      | column (B))   | 10         | 30,196           | 5,6   | <u>52.</u> |  |  |  |  |  |
| Pa   | rt XII Financial Statements and Reporting   |            |                  |       |            |  |  |  |  |  |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |            |                  | 1777  | X          |  |  |  |  |  |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |            | _ [              | Yes   | No         |  |  |  |  |  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | ٥.         | 1000             | HES-L |            |  |  |  |  |  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |            | 2a               |       | X          |  |  |  |  |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a       | 12.76            |       |            |  |  |  |  |  |
|      | separate basis, consolidated basis, or both:  |            |                  |       |            |  |  |  |  |  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |            | 1.76             |       |            |  |  |  |  |  |
| b    | Were the organization's financial statements audited by an independent accountant?                                    |            | 2b               | X     |            |  |  |  |  |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,     |                  |       | ger.       |  |  |  |  |  |
|      | consolidated basis, or both:  |            | 100              |       | ATT V      |  |  |  |  |  |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |            | 2.14             |       |            |  |  |  |  |  |
| 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?                        |            | 2c               | X     |            |  |  |  |  |  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Scho    | edule O.   | 1077             |       | 911        |  |  |  |  |  |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | gle Audit  |                  |       |            |  |  |  |  |  |
|      | Act and OMB Circular A-133?   | ********** | 3a               | Х     |            |  |  |  |  |  |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |            |                  |       |            |  |  |  |  |  |
|      | 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 **Open to Public** 

Inspection Name of the organization SECOND HARVEST FOOD BANK Employer identification number OF ORANGE COUNTY, INC. 32-0362611 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ),) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, 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 (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

32-0362611 Page 2

Schedule A (Form 990 or 990-EZ) 2020 OF ORANGE COUNTY, INC. 32-0362

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.)

| Se   | ction A. Public Support                      |                             |                      |   |                      |                     |                          |
|------|--|-----------------------------|----------------------|---|----------------------|---------------------|--------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2016                    | <b>(b)</b> 2017      | (c) 2018                                | (d) 2019             | (e) 2020            | (f) Total                |
| 1    | Gifts, grants, contributions, and            |                             |                      |   |                      |                     |                          |
|      | membership fees received. (Do not            |                             |                      |   |                      |                     |                          |
|      | include any "unusual grants.")               | 50821929.                   | 58533028.            | 59001565.                               | 89646859.            | 110274202           | 368277583                |
| 2    | Tax revenues levied for the organ-           |                             |                      |   |                      |                     |                          |
|      | ization'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                 | 50821929.                   | 58533028.            | 59001565.                               | 89646859.            | 110274202           | 368277583                |
| 5    | The portion of total contributions           |                             |                      |   | different section    |                     |                          |
|      | by each person (other than a                 |                             |                      |   |                      |                     |                          |
|      | governmental unit or publicly                |                             |                      |   |                      | San San London      |                          |
|      | supported organization) included             |                             |                      |   |                      |                     |                          |
|      | on line 1 that exceeds 2% of the             |                             |                      |   |                      |                     |                          |
|      | amount shown on line 11,                     |                             |                      |   |                      | Carlo State Land    |                          |
|      | column (f)                                   |                             |                      |   |                      |                     |                          |
|      | Public support. Subtract line 5 from line 4. |                             |                      |   |                      |                     | 368277583                |
| Se   | ction B. Total Support                       |                             |                      |   | r                    |                     |                          |
| Cale | ndar year (or fiscal year beginning in) ►    | (a) 2016                    | <b>(b)</b> 2017      | (c) 2018                                | (d) 2019             | (e) 2020            | (f) Total                |
| 7    | Amounts from line 4                          | 50821929.                   | 58533028.            | 59001565.                               | 89646859.            | 110274202           | 368277583                |
| 8    | Gross income from interest,                  |                             |                      |   |                      |                     |                          |
|      | dividends, payments received on              |                             |                      |   |                      |                     |                          |
|      | securities loans, rents, royalties,          |                             |                      |   |                      |                     |                          |
|      | and income from similar sources              |                             |                      | 11,228.                                 | 2,654.               | 2,848.              | 16,730.                  |
| 9    | Net income from unrelated business           |                             |                      |   |                      |                     |                          |
|      | activities, whether or not the               |                             |                      |   |                      |                     |                          |
|      | business is regularly carried on             |                             |                      | 14,391.                                 | 14,039.              |                     | 28,430.                  |
| 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        |                             |                      |   | 75 g 50 m            |                     | 368322743                |
| 12   | Gross receipts from related activities       | , etc. (see instruction     | ons)                 |   |                      | 12 17               | ,781,196.                |
| 13   | First 5 years. If the Form 990 is for t      | he organization's fi        | irst, second, third, | fourth, or fifth tax                    | year as a section 5  | 501(c)(3)           |                          |
| _    | organization, check this box and sto         |                             |                      | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                      |                     |                          |
|      | ction C. Computation of Publ                 |                             |                      |   |                      |                     |                          |
|      | Public support percentage for 2020 (         |                             |                      |   |                      | 14                  | 99.99 %                  |
|      | Public support percentage from 2019          |                             |                      |   |                      | 15                  | 99.99 %                  |
| 16a  | 33 1/3% support test - 2020. If the          |                             |                      |   |                      |                     | 14.00                    |
|      | stop here. The organization qualifies        |                             |                      |   |                      |                     |                          |
| k    | 33 1/3% support test - 2019. If the          |                             |                      |   |                      |                     |                          |
|      | and stop here. The organization qua          | lifies as a publicly        | supported organiz    | ation                                   |                      |                     |                          |
| 17a  | 10% -facts-and-circumstances tes             | <b>t - 2020.</b> If the orç | ganization did not   | check a box on line                     | e 13, 16a, or 16b,   | and line 14 is 10%  | or more,                 |
|      | and if the organization meets the fac-       | ts-and-circumstanc          | es test, check this  | box and stop he                         | ere. Explain in Part | VI how the organi   | zation                   |
|      | meets the facts-and-circumstances to         | _                           |                      |   | -                    |                     |                          |
| ŧ    | 10% -facts-and-circumstances tes             | <b>t - 2019.</b> If the ore | ganization did not   | check a box on lin                      | e 13, 16a, 16b, or   | 17a, and line 15 is | 10% or                   |
|      | more, and if the organization meets t        |                             |                      |   |                      |                     |                          |
|      | organization meets the facts-and-circ        |                             | 70 000 1990 No       | : Other site state                      | Tests Rossans as     | 20 1700 07          |                          |
| 18   | Private foundation. If the organization      | on did not check a          | box on line 13, 16   | ia, 16b, 17a, or 17                     |                      |                     |                          |
|      |  |                             |                      |   | Sch                  | edule A (Form 990   | or 990-E <b>Z</b> ) 2020 |

32-0362611 Page 3

Schedule A (Form 990 or 990-EZ) 2020 OF ORANGE COUNTY, INC.

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.)

| Se   | ction A. Public Support  |                   |   |   |                     |  |           |
|------|--|-------------------|---|---|---------------------|--|-----------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2016          | <b>(b)</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 bus-   |                   |   |   |                     |  |           |
|      | iness under section 513  |                   |   |   |                     |  |           |
| 4    | Tax revenues levied for the organ-   |                   |   |   | 1                   |  |           |
| •    | ization's benefit and either paid to   |                   |   |   |                     |  |           |
|      | or expended on its behalf  |                   |   |   |                     |  | 1         |
| 5    | The value of services or facilities  |                   |   |   |                     |  |           |
| •    | furnished by a governmental unit to  |                   |   |   |                     |  |           |
|      | the organization without charge  |                   |   |   |                     |  |           |
| _    | Total. Add lines 1 through 5   |                   |   |   |                     | İ  | -         |
|      |  |                   |   |   | 4                   |  |           |
| / a  | 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           |                   |   |   |                     |  |           |
| С    | Add lines 7a and 7b  |                   |   |   |                     |  |           |
|      | Public support. (Subtract line 7c from line 6.)  | Diff. (Parameter) |   | i de la | Mary Bridge         |  |           |
|      | tion B. Total Support  |                   |   |   |                     | -24  |           |
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2016          | (b) 2017                                | (c) 2018                                    | (d) 2019            | (e) 2020                                     | (f) Total |
|      | Amounts from line 6 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   |                   |   |   |                     |  |           |
| С    | Add lines 10a and 10b  |                   |   |   |                     |  |           |
|      | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on                                     |                   |   |   |                     |  |           |
| 12   | Other income. Do not include gain or loss from the sale of capital   |                   |   |   |                     |  |           |
| 12   | assets (Explain in Part VI.)   |                   |   |   | -                   | -  |           |
|      | Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the   | a avannia-til- fi | ent nonce d this d                      | Soundle on ESEL 1                           |                     | 01/=)/2) =::!- ''                            |           |
|      | •  |                   |   | ,   | •                   | (,(,)  | л,<br>    |
|      | check this box and stop here   |                   |   | ***************************************     |                     |  |           |
|      |  |                   |   | -1 (0)                                      |                     | 145  | 8/        |
|      | Public support percentage for 2020 (lir  |                   | MY MODERNOOM                            | (00000000                                   |                     | 15   | <u>%</u>  |
|      | Public support percentage from 2019<br>tion D. Computation of Invest   |                   |   |   |                     | 16   | <u>%</u>  |
| _    |  |                   | 111111111111111111111111111111111111111 | 40 1 (0)                                    |                     | Tag I  | 87        |
|      | Investment income percentage for 202   |                   |   |   |                     | 17   | <u>%</u>  |
|      | Investment income percentage from 2  |                   |   |   |                     | 18   | %         |
|      | 33 1/3% support tests - 2020. If the   | -                 |   | •   |                     |  | r is not  |
|      | more than 33 1/3%, check this box and  |                   | -                                       | · · ·                                       |                     | (742) 10 (10 (10 (10 (10 (10 (10 (10 (10 (10 |           |
|      | 33 1/3% support tests - 2019. If the   | -                 |   |   |                     |  |           |
|      | line 18 is not more than 33 1/3%, chec   |                   |   |   |                     |  |           |
| 20   | Private foundation. If the organization  | did not check a   | box on line 14, 19                      | i, or 19b, check th                         | nis box and see ins | structions                                   |           |

# 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 Yes No 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. 1 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). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer За 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 3b organization made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) 3с 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")? /f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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 4b 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) 4c 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 5a 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 5b designated in the organization's organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 Part VI. 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 7 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? 8 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 9a 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 9b 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. 9с 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. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 1720, to

10h

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2020 OF ORANGE COUNTY, INC.

32-0362611 Page 5

| Pa  | rt IV   Supporting Organizations (continued)  |            |             |        |
|-----|---|------------|-------------|--------|
|     |   |            | Yes         | No     |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   | Link       |             |        |
| а   | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and  | THE STATE  | 15574       | 100000 |
|     | 11c below, the governing body of a supported organization?  | 11a        |             |        |
|     | A family member of a person described in line 11a above?  | 11b        | I           |        |
| C   | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  | 44         |             |        |
| Sec | detail in Part VI. Stion B. Type I Supporting Organizations   | 11c        | Щ           |        |
|     | Month of Type 1 dupper lang organizations   |            | Yes         | No     |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or  |            | res         | NO     |
|     | 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.             | 1          | 114         |        |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported   |            |             | 1073   |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  | 7-7-4      | SIS.        |        |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |            |             | 1      |
| _   | supervised, or controlled the supporting organization.  | 2          |             |        |
| Sec | tion C. Type II Supporting Organizations  |            |             |        |
|     |   |            | Yes         | No     |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  | 15 216     |             |        |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control   |            | 15.00       |        |
|     | or management of the supporting organization was vested in the same persons that controlled or managed  | 1000       |             |        |
| 500 | the supported organization(s). tion D. All Type III Supporting Organizations  | _1_        |             |        |
| 360 | uon B. Ali Type III Supporting Organizations  | -          | \ \ \ \ \ \ | Tax:   |
| 4   | Did the executation provide to each of its computed executations by the last day of the fifth would of the  | -27 19     | Yes         | No     |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |            |             |        |
|     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |            | 4.93        |        |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |            |             |        |
| 2   | organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                    | 1          |             | 371    |
| ~   | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |            | R. S.       |        |
|     | ·   | 2          |             |        |
| 3   | the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a                          |            | 00(00)      | ROY    |
| Ū   | 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  |            | 7 186       |        |
|     | supported organizations played in this regard.  | 3          |             |        |
| Sec | tion 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)  |            |             |        |
| а   | 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.   |            |             |        |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in   | struction  | s).         |        |
| 2   | Activities Test. Answer lines 2a and 2b below.  |            | Yes         | No     |
| а   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  | XXXIII     |             | E Zi   |
|     | 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   | in Con     | 100         |        |
|     | that these activities constituted substantially all of its activities.  | 2a         |             |        |
| b   | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,   |            | 1876        |        |
|     | 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  | Option 1   | 1813        |        |
|     | these activities but for the organization's involvement.  | 2b         |             |        |
| 3   | Parent of Supported Organizations. Answer lines 3a and 3b below.  | 15.5       |             |        |
| а   | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   | A.K. E. H. | 3.55        |        |
| -   | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.   | 3a         |             |        |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   | ALC: 18    | LEUKA,      |        |
| -   | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.   | 3b         |             |        |

| Part V    | A (Form 990 or 990-EZ) 2020 OF ORANGE COUNTY, INC.  Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organi      |                                | 32-0362611 Pa                  |
|-----------|---|----------------|--------------------------------|--------------------------------|
| 1         | Check here if the organization satisfied the Integral Part Test as a qualify                                |                |                                | Part VI). See instructio       |
| 115X IV.  | All other Type III non-functionally integrated supporting organizations mu                                  |                | AL LEV                         |                                |
| Section A | A - Adjusted Net Income   | (A) Prior Year | (B) Current Year<br>(optional) |                                |
| 1 Net     | short-term capital gain   | 1              |                                |                                |
| 2 Rec     | coveries of prior-year distributions  | 2              |                                |                                |
| 3 Oth     | er gross income (see instructions)  | 3              |                                |                                |
| 4 Add     | l lines 1 through 3.  | 4              |                                |                                |
| 5 Dep     | preciation and depletion  | 5              |                                |                                |
| 6 Por     | tion of operating expenses paid or incurred for production or   |                |                                |                                |
| coll      | ection of gross income or for management, conservation, or  |                |                                |                                |
| mai       | ntenance of property held for production of income (see instructions)                                       | 6              |                                |                                |
| 7 Oth     | er expenses (see instructions)  | 7              |                                |                                |
| 8 Adj     | usted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8              |                                |                                |
|           | 3 - Minimum Asset Amount  |                | (A) Prior Year                 | (B) Current Year<br>(optional) |
| 1 Agg     | gregate fair market value of all non-exempt-use assets (see   |                | A SECURIOR OF ALL PLAN         |                                |
| inst      | ructions for short tax year or assets held for part of year):   |                |                                |                                |
| a Ave     | erage monthly value of securities   | 1a             |                                |                                |
| b Ave     | erage monthly cash balances   | 1b             |                                |                                |
| c Fair    | market value of other non-exempt-use assets   | 1c             |                                |                                |
| d Tot     | al (add lines 1a, 1b, and 1c)   | 1d             |                                |                                |
| e Dis     | count claimed for blockage or other factors   | 172            |                                |                                |
| (ex       | plain in detail in Part VI):  |                | ASTRONOM PROPERTY.             |                                |
| 2 Acc     | quisition indebtedness applicable to non-exempt-use assets  | 2              |                                |                                |
| 3 Sub     | otract line 2 from line 1d.   | 3              |                                |                                |
| 4 Cas     | sh 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 Mu      | Itiply line 5 by 0.035.   | 6              |                                |                                |
| 7 Rec     | coveries of prior-year distributions  | 7              |                                |                                |
| 8 Mir     | nimum Asset Amount (add line 7 to line 6)   | 8              |                                |                                |
| Section ( | C - Distributable Amount  |                |                                | Current Year                   |
| 1 Adj     | usted net income for prior year (from Section A, line 8, column A)  | 1              |                                |                                |
| 2 Ent     | er 0.85 of line 1.  | 2              |                                |                                |
| 3 Min     | imum asset amount for prior year (from Section B, line 8, column A)   | 3              |                                |                                |
|           | er greater of line 2 or line 3.   | 4              |                                |                                |
| 900       | ome tax imposed in prior year   | 5              |                                | 1                              |
|           | tributable Amount. Subtract line 5 from line 4, unless subject to   |                |                                |                                |
|           | ergency temporary reduction (see instructions).   | 6              |                                |                                |

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 OF ORANGE COUNTY, INC. 32-0362611 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **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 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 - provide details in Part VI) 5 Other distributions (describe in Part VI). 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

| -   | Distributable amount for 2020 from Section 6, line 6  |   |  | 9        |   |
|---|---|---|--|----------|---|
| 10  | Line 8 amount divided by line 9 amount  |   |  | 10       |   |
| Section E - Distribution Allocations (see instructions) |   | tribution Allocations (see instructions)  (i)  (ii)  Underdistributions  Pre-2020 |  | ons      | (iii)<br>Distributable<br>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 - explain in Part VI). See instructions. |   |  |          |   |
| 3   | Excess distributions carryover, if any, to 2020   |   |  |          |   |
| а   | From 2015   |   |  | W I G    |   |
| b   | From 2016   |   |  | N ST     |   |
| С   | From 2017   |   |  |          |   |
| d   | From 2018   |   |  |          |   |
| е   | From 2019   |   |  | rent i   |   |
| 1   | Total of lines 3a through 3e  |   |  |          |   |
| g   | Applied to underdistributions of prior years  |   |  |          |   |
| h   | Applied to 2020 distributable amount  |   |  |          |   |
| j   | 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,  |   |  | 1 20 1   |   |
|   | line 7:   |   |  | ment L   |   |
| а   | Applied to underdistributions of prior years  |   |  | Į.       |   |
| b   | Applied to 2020 distributable amount  |   | TO THE PARTY OF TH |          |   |
| С   | 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, explain in Part VI. See instructions.  |   |  |          |   |
| 6   | Remaining underdistributions for 2020. Subtract lines 3h  |   |  | - 1      |   |
|   | and 4b from line 1. For result greater than zero, explain in  |   |  | 1000     |   |
|   | Part VI. See instructions.  |   |  | 6175     |   |
| 7   | Excess distributions carryover to 2021. Add lines 3j  |   |  | 2 10 - 0 |   |
|   | and 4c.   |   |  |          |   |
| 8   | Breakdown of line 7:  |   |  | 100      |   |
| а   | Excess from 2016  |   |  | 9 D      |   |
| b   | Excess from 2017  |   | Pindones di  | 172      | E TO SERVICE                              |
| С   | Excess from 2018  |   |  | Bett     |   |
| d   | Excess from 2019  |   |  | rdhist.  |   |
| е   | Excess from 2020  |   | 11 成一世界。华  | N. I     |   |

Schedule A (Form 990 or 990-EZ) 2020

8

9

(provide details in Part VI). See instructions.

9 Distributable amount for 2020 from Section C, line 6

# PUBLIC DISCLOSURE COPY SECOND HARVEST FOOD BANK OF ORANGE COUNTY INC

| Schedule A    | (Form 990 or 990-E. | Z) 2020 OF O       | RANGE C        | COUNTY,                            | INC.                                  |  | 32-0362611 Page 8  |
|---------------|---------------------|--------------------|----------------|------------------------------------|---------------------------------------|--|--|
| Part VI       | Supplemental        | Information.       | Provide the    | explanations                       | required by Part                      | II, line 10; Part II, line 17a                               | or 17b; Part III, line 12;<br>s 1 and 2; Part IV, Section C,<br>t V, Section B, line 1e; Part V,<br>ional information. |
|               | Part IV, Section A, | lines 1, 2, 3b, 3c | 4b, 4c, 5a, 6  | 6, 9a, 9b, 9c,                     | 11a, 11b, and 11                      | c; Part IV, Section B, lines                                 | s 1 and 2; Part IV, Section C,   |
|               | Section D. lines 5. | 6, and 8; and Pa   | t V. Section i | ection E, line<br>E, lines 2, 5, a | s 10, 2a, 2b, 3a,<br>ınd 6. Also comp | and 30; Part v, line 1; Par<br>llete this part for anv addit | ional information.   |
| 6 <u> </u>    | (See instructions.) |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| -             |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| (i======      |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| 2             |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| (i            |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| Z             |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| -             |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| i.            |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| n <del></del> |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| 1.0           |                     |                    |                |                                    |                                       |  |  |
| ·             |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| 2             |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| S <del></del> |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| 55            |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| -             |                     |                    |                |                                    |                                       |  | =  |
|               |                     |                    |                |                                    |                                       |  |  |
| ))-           |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| <u> </u>      |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
| (C            |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |
|               |                     |                    |                |                                    |                                       |  |  |

## **SCHEDULE D** (Form 990)

# **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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SECOND HARVEST FOOD BANK

**Employer identification number** 

OMB No. 1545-0047

| D-  | OF ORANGE COUNTY, IN  |   |                 | 32-0362611                      |
|-----|---|---|-----------------|---------------------------------|
| Pa  | rt I Organizations Maintaining Donor Advised F                          | unds or Other Similar Funds   | or Accour       | its. Complete if the            |
| _   | organization answered "Yes" on Form 990, Part IV, line 6.               |   |                 |                                 |
|     |   | (a) Donor advised funds   | (b) Fur         | ds 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    | ng that the assets held in donor advise   | d funds         | <del>-</del>                    |
|     | are the organization's property, subject to the organization's excl     | usive legal control?  |                 | Yes No                          |
| 6   | Did the organization inform all grantees, donors, and donor advis       |   |                 |                                 |
|     | for charitable purposes and not for the benefit of the donor or do      | nor advisor, or for any other purpose c   | onferring       |                                 |
|     |   |   | _               | Yes No                          |
| Pa  | t II Conservation Easements. Complete if the organic                    | zation answered "Yes" on Form 990. P  | art IV. line 7. |                                 |
| 1   | Purpose(s) of conservation easements held by the organization (c        |   |                 |                                 |
| ·   | Preservation of land for public use (for example, recreation            | AT SO THE REAL PROPERTY OF THE PARTY OF THE | a historically  | important land area             |
|     | Protection of natural habitat   | Preservation of   | -               | ·                               |
|     | Preservation of open space  | Freservation of   | a ceruneu m     | storic structure                |
| 2   | Complete lines 2a through 2d if the organization held a qualified       | annonyation contribution in the form  |                 | Con and an an about             |
| 2   |   | Conservation contribution in the form of  | a conserva      |                                 |
|     | day of the tax year.  |   |                 | Held at the End of the Tax Year |
| a   |   |   |                 |                                 |
|     | Total acreage restricted by conservation easements                      |   |                 |                                 |
|     | Number of conservation easements on a certified historic structu        |   |                 |                                 |
| d   | Number of conservation easements included in (c) acquired after         |   |                 |                                 |
|     | listed in the National Register   |   | 2d              |                                 |
| 3   | Number of conservation easements modified, transferred, release         | ed, extinguished, or terminated by the  | organization    | during the tax                  |
|     | year -  |   |                 |                                 |
| 4   | Number of states where property subject to conservation easeme          | ent 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 hole       | ds?   |                 | Yes No                          |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, hand       | dling of violations, and enforcing conse  | ervation ease   | ments during the year           |
|     | <b>&gt;</b> ,   |   |                 |                                 |
| 7   | Amount of expenses incurred in monitoring, inspecting, handling         | of violations, and enforcing conservati   | on easemen      | ts during the year              |
|     | <b>▶</b> \$   |   |                 |                                 |
| 8   | Does each conservation easement reported on line 2(d) above sa          | tisfy 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 e      |   |                 |                                 |
|     | balance sheet, and include, if applicable, the text of the footnote     | · · · · · · · · · · · · · · · · · · ·   |                 |                                 |
|     | organization's accounting for conservation easements.                   | <b></b>   |                 |                                 |
| Pai | t III Organizations Maintaining Collections of Ar                       | t, Historical Treasures, or Oth   | er Simila       | r Assets.                       |
|     | Complete if the organization answered "Yes" on Form 990                 |   |                 |                                 |
| 1a  | If the organization elected, as permitted under FASB ASC 958, no        |   | d halance sl    | neet works                      |
|     | of art, historical treasures, or other similar assets held for public e | ·   |                 |                                 |
|     | service, provide in Part XIII the text of the footnote to its financial |   |                 | Subile                          |
| _   |   |   |                 | works of                        |
| U   | If the organization elected, as permitted under FASB ASC 958, to        | - i   |                 |                                 |
|     | art, historical treasures, or other similar assets held for public exh  | ibition, education, or research in further  | erance or pur   | olic 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 treasur   |   | gain, provide   | )                               |
|     | the following amounts required to be reported under FASB ASC 9          | •   | _               |                                 |
| а   | Revenue included on Form 990, Part VIII, line 1                         |   |                 | \$                              |
| b   | Assets included in Form 990, Part X                                     |   | 77. V           | \$                              |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for            | Form 990.   |                 | Schedule D (Form 990) 2020      |

032051 12-01-20

# SECOND HARVEST FOOD BANK

|         |  | GE COUNTY,             |                        | 0.1                |                      | -036261.                                |              |
|---------|--|------------------------|------------------------|--------------------|----------------------|---|--------------|
| Par     | t III   Organizations Maintaining C  |                        |                        |                    |                      | - 1400-000-001                          | nued)        |
| 3       | Using the organization's acquisition, accessi  | on, and other records  | s, check any of the f  | ollowing that mal  | ke significant use o | of its                                  |              |
|         | collection items (check all that apply):   |                        | V                      |                    |                      |   |              |
| а       | Public exhibition  | d                      | Loan or exch           | nange program      |                      |   |              |
| b       | Scholarly research   | е                      | 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       |  |                        |                        |                    |                      |   |              |
|         | to be sold to raise funds rather than to be ma   |                        |                        |                    |                      | Yes                                     | ☐ No         |
| Par     | t IV Escrow and Custodial Arran  |                        |                        |                    |                      |   |              |
| 1100000 | reported an amount on Form 990, Pai  |                        | as it to organization  |                    | o o ooo, . u.        |   |              |
| 1-      | Is the organization an agent, trustee, custodi   |                        | ary for contributions  | or other accets    | not included         |   |              |
| ıa      |  |                        | -                      |                    |                      | ☐ Vos                                   | No           |
|         | on Form 990, Part X?   |                        |                        |                    |                      | Yes                                     | NO           |
| b       | If "Yes," explain the arrangement in Part XIII   | and complete the foll  | owing table:           |                    |                      | 200000000000000000000000000000000000000 | 40           |
|         |  |                        |                        |                    |                      | Amoun                                   | <u>t</u>     |
| С       | Beginning balance  |                        |                        |                    |                      |   |              |
| d       | Additions during the year  |                        |                        |                    |                      |   |              |
| е       | Distributions during the year  |                        |                        |                    | 1e                   |   |              |
| Ť       | Ending balance   |                        |                        |                    | 1f                   |   |              |
| 2a      | Did the organization include an amount on Fe   |                        |                        |                    |                      | Yes                                     | No           |
| b       | If "Yes," explain the arrangement in Part XIII.  | Check here if the exp  | olanation has been p   | provided on Part   | XIII                 |   |              |
| Par     | t V Endowment Funds. Complete i  | f the organization ans | swered "Yes" on Fo     | rm 990, Part IV, I | ine 10.              |   |              |
|         | •  | (a) Current year       | (b) Prior year         | (c) Two years ba   |                      | back (e) Four                           | r years back |
| 1a      | Beginning of year balance  | 206,291.               | 209,411.               | 225,00             |                      |   | 192,762.     |
|         | 30000000000000000000000000000000000000   |                        |                        | ,                  |                      |   |              |
| D       | Contributions  | 57,199.                | -928.                  | 11,16              | 9. 16.0              | 618                                     | 23,879.      |
| С       | Net investment earnings, gains, and losses   | -19,327.               | 320.                   | 11,10              | 10,0                 | 310.                                    | 23,0,3       |
| d       | Grants or scholarships   | -19,321,               |                        |                    |                      |   | <del></del>  |
| е       | Other expenditures for facilities  |                        |                        | 24 54              |                      | 1                                       |              |
|         | and programs   |                        |                        | 24,51              |                      |   |              |
| f       | Administrative expenses  |                        | 2,192.                 | 2,24               |                      | 216.                                    | 2,043.       |
| g       | End of year balance  | 244,163.               | 206,291.               | 209,41             | 1. 225               | 002.                                    | 210,600.     |
| 2       | Provide the estimated percentage of the current  | ent year end balance   | (line 1g, column (a)   | ) held as:         |                      |   |              |
| а       | Board designated or quasi-endowment  | 4.8500                 | _%                     |                    |                      |   |              |
| b       | Permanent endowment ▶ 95.1500  | %                      |                        |                    |                      |   |              |
| С       | Term endowment   | %                      |                        |                    |                      |   |              |
|         | The percentages on lines 2a, 2b, and 2c sho  | uld equal 100%.        |                        |                    |                      |   |              |
| 3a      | Are there endowment funds not in the posse   |                        | tion that are held an  | d administered f   | or the organization  |   |              |
| -       | by:  |                        |                        |                    |                      |   | Yes No       |
|         |  |                        |                        |                    |                      | 3a(i)                                   |              |
|         | (i) Unrelated organizations  |                        |                        |                    |                      |   | 77           |
|         | (ii) Related organizations   |                        |                        |                    |                      |   | A            |
|         | If "Yes" on line 3a(ii), are the related organiza  |                        |                        |                    |                      |   |              |
| 4       | Describe in Part XIII the intended uses of the   |                        | vment funds.           |                    |                      |   |              |
| Pai     | t VI Land, Buildings, and Equipm   |                        |                        |                    |                      |   |              |
|         | Complete if the organization answere   | d "Yes" on Form 990    | , Part IV, line 11a. S | ee Form 990, Pa    | rt X, line 10.       |   |              |
|         | Description of property  | (a) Cost or of         | ther (b) Cost          | or other           | c) Accumulated       | (d) Boo                                 | ok value     |
|         |  | basis (investm         | nent) basis            | (other)            | depreciation         |   |              |
| 1a      | Land   | 222                    | 2,40                   | 0,000.             |                      | 2,40                                    | 0,000.       |
|         | Buildings  | ***                    |                        | 4,922.             | 424,860.             |   | 0,062.       |
|         | Leasehold improvements   |                        |                        |                    | 3,149,988.           | 3.90                                    | 4,258.       |
|         | Equipment  |                        |                        |                    | 1,977,856            |   | 9,959.       |
|         |  |                        |                        |                    | 1,153,218            |   | 3,050.       |
|         | Other  |                        |                        |                    | 1,133,210            |   | 7,329.       |
| Tota    | . Add lines 1a through 1e. (Column (d) must e  | qual Form 990. Part )  | x. column (B), line 1  | )c.)               |                      | 10,70                                   | 1,343.       |

| Schedule D (Form 990) 2020 OF ORANGE CO<br>Part VIII Investments - Other Securities.   |  |  | 362611 Page 3     |
|--|--|--|-------------------|
| Complete if the organization answered "Yes" of   |  | 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" or   |  | 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.)   |  | HEREST PROPERTY OF SERVICES                | St. Dt. 2 94.19   |
| Part IX Other Assets.  |  |  |                   |
| Complete if the organization answered "Yes" o  | n Form 990 Part IV line  | 11d See Form 990 Part Y line 15            |                   |
|  | Description  | TIG. See Form 590, Part X, line 15.        | (b) Book value    |
| PART CONTRACTOR CONTRA | - COUNTY - C |  | (b) Book value    |
| (1)  |  |  |                   |
| (2)  |  |  |                   |
| (3)  |  |  |                   |
| (4)  |  |  |                   |
| (5)  |  |  |                   |
| (6)  |  |  |                   |
| (7)  |  |  |                   |
| (8)  |  |  |                   |
| (9)  |  |  |                   |
| Part X Other Liabilities.  | 15.)   | <b>&gt;</b>                                |                   |
| Complete if the organization answered "Yes" or   | n Form 990, Part IV, line  | 11e or 11f. See Form 990, Part X, line 25. |                   |
| (a) Description of liability   |  |  | (b) Book value    |
| (1) Federal income taxes   |  |  |                   |
| (2) REFUNDABLE ADVANCES  |  |  | 107,500.          |
| (3)  |  |  |                   |
| (4)  |  |  |                   |
| (5)  |  |  |                   |
| (6)  |  |  |                   |
| (7)  |  |  |                   |
| (8)  |  |  |                   |

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

Schedule D (Form 990) 2020

107,500.

(9)

SECOND HARVEST FOOD BANK

OF ORANGE COUNTY, INC.

Schedule D (Form 990) 2020

| Complete if the organization answered "Yes" on Form 990, Part IV  1 Total revenue, gains, and other support per audited financial statements   |  | 1 117,734,417.   |
|--|--|--|
|  | ***************************************  | 1 11///34/41/  |
|  | 2a   58,734.   | gel 6  |
|  | 400  |  |
|  | ***************************************  |  |
| and the state of t | 170 006  |  |
|  |  | 2e 368,039.  |
|  |  | 3 117,366,378.   |
| <ul> <li>Subtract line 2e from line 1</li> <li>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li> </ul>   | ***************************************  | 3 117,300,3700   |
|  | 4a   | 8-20   |
| b Other (Describe in Part XIII.)   | 77/2007 (200)  |  |
| AND THE SECOND S | NOVANADIO R. N.  | 4c 0.  |
| c Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line  | 0.700,0.7536,000,0.607,7556,0.05566,0.7566,0.0566,0.0566,0.056,0.056,0.056,0.056,0.056,0.056,0.056,0.056,0.056   | 5 117,366,378.   |
| Part XII Reconciliation of Expenses per Audited Financial  |  |  |
| Complete if the organization answered "Yes" on Form 990, Part IV   |  |  |
| Total expenses and losses per audited financial statements   |  | 1 107,880,686.   |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  |  | 4/13   |
| a Donated services and use of facilities   | 2a   130,309.  | 140 (140   |
| <b>b</b> Prior year adjustments  | 2001 000 000 000 E   |  |
| c Other losses   | 000000000000000000000000000000000000000  | T-L-L  |
| d Other (Describe in Part XIII.)   |  | E-678  |
| e Add lines 2a through 2d  |  | 2e 309,305.  |
| 3 Subtract line 2e from line 1   |  | 3 107,571,381.   |
| 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.)   | 2010-0000000000000000000000000000000000  |  |
| c Add lines 4a and 4b  |  | 4c 0.  |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir   |  | 5 107,571,381.   |
|  |  |  |
| Part XIII Supplemental Information.  | 10/  | 0  |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a   |  |  |
| The state of the s | nd 4; Part IV, lines 1b and 2b; Part V, line 4   |  |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a   | nd 4; Part IV, lines 1b and 2b; Part V, line 4   |  |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid   | nd 4; Part IV, lines 1b and 2b; Part V, line 4   |  |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a   | nd 4; Part IV, lines 1b and 2b; Part V, line 4   |  |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:   | nd 4; Part IV, lines 1b and 2b; Part V, line 4<br>e any additional information.  | ; Part X, line 2; Part XI,   |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid   | nd 4; Part IV, lines 1b and 2b; Part V, line 4<br>e any additional information.  | ; Part X, line 2; Part XI,   |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EX  | nd 4; Part IV, lines 1b and 2b; Part V, line 4 e any additional information.  KEMPT UNDER SECTION 50   | ; Part X, line 2; Part XI,   |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:   | nd 4; Part IV, lines 1b and 2b; Part V, line 4 e any additional information.  KEMPT UNDER SECTION 50   | ; Part X, line 2; Part XI,   |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTITLE INTERNAL REVENUE CODE AND THE CORRES   | nd 4; Part IV, lines 1b and 2b; Part V, line 4 e any additional information.  KEMPT UNDER SECTION 50  SPONDING STATE CODE AN   | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS   |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid  PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EX  | nd 4; Part IV, lines 1b and 2b; Part V, line 4 e any additional information.  KEMPT UNDER SECTION 50  SPONDING STATE CODE AN   | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS   |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTITLE INTERNAL REVENUE CODE AND THE CORRESCENSIFIED AS AN ORGANIZATION OTHER THAN  | nd 4; Part IV, lines 1b and 2b; Part V, line 4 le any additional information.  KEMPT UNDER SECTION 50  SPONDING STATE CODE AN PRIVATE FOUNDATION.  | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,   |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTITLE INTERNAL REVENUE CODE AND THE CORRES   | nd 4; Part IV, lines 1b and 2b; Part V, line 4 le any additional information.  KEMPT UNDER SECTION 50  SPONDING STATE CODE AN PRIVATE FOUNDATION.  | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,   |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTITLE INTERNAL REVENUE CODE AND THE CORRESCUASSIFIED AS AN ORGANIZATION OTHER THAN THERE IS NO PROVISION FOR INCOME TAXES  | nd 4; Part IV, lines 1b and 2b; Part V, line 4 le any additional information.  KEMPT UNDER SECTION 50  SPONDING STATE CODE AN PRIVATE FOUNDATION.  | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,   |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTITLE INTERNAL REVENUE CODE AND THE CORRESCENSIFIED AS AN ORGANIZATION OTHER THAN  | nd 4; Part IV, lines 1b and 2b; Part V, line 4 le any additional information.  KEMPT UNDER SECTION 50  SPONDING STATE CODE AN PRIVATE FOUNDATION.  | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,   |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTITLE INTERNAL REVENUE CODE AND THE CORRESCUASSIFIED AS AN ORGANIZATION OTHER THAN THERE IS NO PROVISION FOR INCOME TAXES  | nd 4; Part IV, lines 1b and 2b; Part V, line 4 le any additional information.  KEMPT UNDER SECTION 50  SPONDING STATE CODE AN PRIVATE FOUNDATION.  | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,   |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTITLE INTERNAL REVENUE CODE AND THE CORRESCUASSIFIED AS AN ORGANIZATION OTHER THAN THERE IS NO PROVISION FOR INCOME TAXES  | nd 4; Part IV, lines 1b and 2b; Part V, line 4 le any additional information.  KEMPT UNDER SECTION 50  SPONDING STATE CODE AN PRIVATE FOUNDATION.  | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,   |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTHE INTERNAL REVENUE CODE AND THE CORRESCENSIFIED AS AN ORGANIZATION OTHER THAN THERE IS NO PROVISION FOR INCOME TAXES STATEMENTS.   | nd 4; Part IV, lines 1b and 2b; Part V, line 4 e any additional information.  KEMPT UNDER SECTION 50  SPONDING STATE CODE AN PRIVATE FOUNDATION.  IN THE ACCOMPANYING FI   | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,  NANCIAL                                  |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTITLE INTERNAL REVENUE CODE AND THE CORRESCUASSIFIED AS AN ORGANIZATION OTHER THAN THERE IS NO PROVISION FOR INCOME TAXES  | nd 4; Part IV, lines 1b and 2b; Part V, line 4 e any additional information.  KEMPT UNDER SECTION 50  SPONDING STATE CODE AN PRIVATE FOUNDATION.  IN THE ACCOMPANYING FI   | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,  NANCIAL                                  |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTIPLE INTERNAL REVENUE CODE AND THE CORRESCUASSIFIED AS AN ORGANIZATION OTHER THAN THERE IS NO PROVISION FOR INCOME TAXES STATEMENTS.  THE ORGANIZATION ACCOUNTS FOR THE PROVISION FOR | nd 4; Part IV, lines 1b and 2b; Part V, line 4 le any additional information.  KEMPT UNDER SECTION 50 SPONDING STATE CODE AND PRIVATE FOUNDATION.  IN THE ACCOMPANYING FI  | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,  NANCIAL                                  |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTHE INTERNAL REVENUE CODE AND THE CORRESCENSIFIED AS AN ORGANIZATION OTHER THAN THERE IS NO PROVISION FOR INCOME TAXES STATEMENTS.   | nd 4; Part IV, lines 1b and 2b; Part V, line 4 le any additional information.  KEMPT UNDER SECTION 50 SPONDING STATE CODE AND PRIVATE FOUNDATION.  IN THE ACCOMPANYING FI  | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,  NANCIAL                                  |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTIPLE INTERNAL REVENUE CODE AND THE CORRESCUASSIFIED AS AN ORGANIZATION OTHER THAN THERE IS NO PROVISION FOR INCOME TAXES STATEMENTS.  THE ORGANIZATION ACCOUNTS FOR THE PROVISION FOR | nd 4; Part IV, lines 1b and 2b; Part V, line 4 le any additional information.  KEMPT UNDER SECTION 50 SPONDING STATE CODE AN PRIVATE FOUNDATION.  IN THE ACCOMPANYING FI SIONS OF FASB ASC 740-  | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,  NANCIAL  10-25,  ATED WITH TAX           |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTIPLE INTERNAL REVENUE CODE AND THE CORRESCUASSIFIED AS AN ORGANIZATION OTHER THAN THERE IS NO PROVISION FOR INCOME TAXES STATEMENTS.  THE ORGANIZATION ACCOUNTS FOR THE PROVISION FOR | nd 4; Part IV, lines 1b and 2b; Part V, line 4 le any additional information.  KEMPT UNDER SECTION 50 SPONDING STATE CODE AN PRIVATE FOUNDATION.  IN THE ACCOMPANYING FI SIONS OF FASB ASC 740-  | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,  NANCIAL  10-25,  ATED WITH TAX           |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTIPLE INTERNAL REVENUE CODE AND THE CORRESCUASSIFIED AS AN ORGANIZATION OTHER THAN THERE IS NO PROVISION FOR INCOME TAXES STATEMENTS.  THE ORGANIZATION ACCOUNTS FOR THE PROVISION FOR THE PROVISION FOR THE PROVISION FOR TAXES THE ORGANIZATION MUST RECOGNIZE TAKEN FOR TAX RETURN PURPOSES WHEN IT IS  | nd 4; Part IV, lines 1b and 2b; Part V, line 4 e any additional information.  KEMPT UNDER SECTION 50  SPONDING STATE CODE AN PRIVATE FOUNDATION.  IN THE ACCOMPANYING FI  SIONS OF FASB ASC 740-  THE TAX BENEFIT ASSOCI   | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,  NANCIAL  10-25,  ATED WITH TAX  THAT THE |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTHE INTERNAL REVENUE CODE AND THE CORRESCUASSIFIED AS AN ORGANIZATION OTHER THAN THERE IS NO PROVISION FOR INCOME TAXES STATEMENTS.  THE ORGANIZATION ACCOUNTS FOR THE PROVISION FOR T | nd 4; Part IV, lines 1b and 2b; Part V, line 4 e any additional information.  KEMPT UNDER SECTION 50  SPONDING STATE CODE AN PRIVATE FOUNDATION.  IN THE ACCOMPANYING FI  SIONS OF FASB ASC 740-  THE TAX BENEFIT ASSOCI   | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,  NANCIAL  10-25,  ATED WITH TAX  THAT THE |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2:  THE ORGANIZATION IS RECOGNIZED AS TAX EXTIPLE INTERNAL REVENUE CODE AND THE CORRESCUASSIFIED AS AN ORGANIZATION OTHER THAN THERE IS NO PROVISION FOR INCOME TAXES STATEMENTS.  THE ORGANIZATION ACCOUNTS FOR THE PROVISION FOR THE PROVISION FOR THE PROVISION FOR TAXES THE ORGANIZATION MUST RECOGNIZE TAKEN FOR TAX RETURN PURPOSES WHEN IT IS  | nd 4; Part IV, lines 1b and 2b; Part V, line 4 le any additional information.  KEMPT UNDER SECTION 50  SPONDING STATE CODE AN PRIVATE FOUNDATION.  IN THE ACCOMPANYING FI  SIONS OF FASB ASC 740-  THE TAX BENEFIT ASSOCI  MORE LIKELY THAN NOT ATION DOES NOT BELIEVE | ; Part X, line 2; Part XI,  1(C)(3) OF  D IS  ACCORDINGLY,  NANCIAL  10-25,  ATED WITH TAX  THAT THE |

32-0362611 Page 4

| Schedule D (Form 990) 2020 OF ORANGE COUNTY, INC.            | 32-0362611 Page 5 |
|--|-------------------|
| Part XIII Supplemental Information (continued)               |                   |
| RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS OR AN | NY RELATED        |
| INTEREST OR PENALTIES. THE ORGANIZATION'S 2018-2020 TAX RETU | JRNS ARE OPEN     |
| FOR FEDERAL INCOME TAX PURPOSES, AND ITS 2017-2020 TAX RETUR | RNS ARE OPEN TO   |
| REVIEW FOR STATE INCOME TAX PURPOSES.                        |                   |
|  |                   |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:                        |                   |
| SPECIAL EVENT EXPENSE  | 178,996.          |
|  |                   |
| PART XII, LINE 2D - OTHER ADJUSTMENTS:                       |                   |
| SPECIAL EVENT EXPENSE  | 178,996.          |
|  |                   |
|  |                   |
| A  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
| <del>,</del>   |                   |
|  |                   |
|  | <del></del>       |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |

#### **SCHEDULE G**

# (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization SECOND HARVEST FOOD BANK OF ORANGE COUNTY, INC. 32-0362611 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Solicitation of government grants Internet and email solicitations f b Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b | f "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (iii) Did fundraiser have custody or control of contributions (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2020

OMB No. 1545-0047

Schedule G (Form 990 or 990-EZ) 2020 OF ORANGE COUNTY, INC.

| Part II | Fundraising Events. Complete if the organization answered "Yes" on Form 990. Part IV. line 18, or reported more than \$15,000

| _               | Т     | of fundraising event contributions and gr                         | oss income on Form 990 (a) Event #1 | EZ, lines 1 and 6b. List e       | vents with gross receipt<br>(c) Other events |                           |
|-----------------|-------|---|-------------------------------------|----------------------------------|--|---------------------------|
|                 |       |   | (a) Lvciil #1                       | (D) LVent #2                     | (c) Other events                             | (d) Total events          |
|                 |       |   | FASHION SHOW                        | FOOD DRIVE                       | 2  | (add col. (a) through     |
| <u>a</u>        |       |   | (event type)                        | (event type)                     | (total number)                               | col. <b>(c)</b> )         |
| Revenue         | 1     | Gross receipts  | 1,430,456.                          | 749,845.                         | 330,654.                                     | 2,510,955.                |
|                 | 2     | Less: Contributions   | 1,257,382.                          | 749,845.                         | 330,654.                                     | 2,337,881.                |
|                 | 3     | Gross income (line 1 minus line 2)                                | 173,074.                            |                                  |  | 173,074.                  |
|                 | 4     | Cash prizes   |                                     |                                  |  |                           |
| **              | 5     | Noncash prizes  |                                     |                                  |  |                           |
| Direct Expenses | 6     | Rent/facility costs   | 11,386.                             |                                  |  | 11,386.                   |
| rect Ex         | 7     | Food and beverages  | 102.                                |                                  | 387.   | 489.                      |
| Ö               | 8     | Entertainment   | 29,593.                             |                                  | 12,800.                                      | 42,393.                   |
|                 | 9     | Other direct expenses   | 120,896.                            |                                  | 3,832.                                       | 124,728.                  |
|                 | 10    | Direct expense summary. Add lines 4 through                       |                                     |                                  |  | 178,996.                  |
| D               | ırt I |   |                                     | 000 D-4W E 10                    |  | -5,922.                   |
| 1 6             |       | \$15,000 on Form 990-EZ, line 6a.                                 | answered res on Form                | 1990, Part IV, line 19, or r     | eported more than                            |                           |
|                 |       | \$10,000 0111 01111 000 E2, III10 0a.                             |                                     | (b) Pull tabs/instant            |  | (d) Total gaming (add     |
| Revenue         |       |   | (a) Bingo                           | bingo/progressive bingo          | (c) Other gaming                             | col. (a) through col. (c) |
| å               | 1     | Gross revenue   |                                     |                                  |  |                           |
| es              | 2     | Cash prizes   |                                     |                                  |  |                           |
| Direct Expenses | 3     | Noncash prizes  |                                     |                                  |  |                           |
| Direct          | 4     | Rent/facility costs   |                                     |                                  |  |                           |
|                 | 5     | Other direct expenses   |                                     |                                  |  |                           |
|                 | 6     | Volunteer labor   | Yes %                               | Yes %                            | Yes %<br>No                                  |                           |
|                 | 7     | Direct expense summary. Add lines 2 through                       | n 5 in column (d)                   |                                  |  |                           |
|                 | 8     | Net gaming income summary. Subtract line 7                        | from line 1, column (d)             | ******************************** |  |                           |
|                 |       |   |                                     |                                  |  |                           |
| 9               |       | ter the state(s) in which the organization condu                  |                                     |                                  |  |                           |
|                 |       | he organization licensed to conduct gaming ac<br>No," explain:    |                                     |                                  |  | Yes No                    |
|                 | _     |   |                                     |                                  |  |                           |
|                 |       | re any of the organization's gaming licenses re<br>Yes," explain: |                                     |                                  | ear?   | Yes No                    |
|                 | _     |   |                                     |                                  |  |                           |
| _               |       |   |                                     |                                  |  |                           |
| 3208            | 2 11  | -25-20  |                                     |                                  | Schedule G (For                              | m 990 or 990-EZ) 2020     |

| Schedule G (Form 990 or 990-EZ) 2020 OF ORANGE COUNTY, INC.  | 32-0362611 Page 3                   |
|--|-------------------------------------|
| 11 Does the organization conduct gaming activities with nonmembers?  | Yes No                              |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed   |                                     |
| to administer charitable gaming?   | Yes No                              |
| 13 Indicate the percentage of gaming activity conducted in:  |                                     |
| a The organization's facility  | 13a   %                             |
| <b>b</b> An outside facility   |                                     |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco   |                                     |
| 3. 3,  |                                     |
| Name   |                                     |
|  |                                     |
| Address >  |                                     |
|  |                                     |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   | Yes No                              |
| у  |                                     |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the an  | nount                               |
| of gaming revenue retained by the third party ▶\$  |                                     |
| c If "Yes," enter name and address of the third party:   |                                     |
|  |                                     |
| Name   |                                     |
|  |                                     |
| Address >  |                                     |
|  |                                     |
| 16 Gaming manager information:   |                                     |
|  |                                     |
| Name   |                                     |
|  |                                     |
| Gaming manager compensation > \$   |                                     |
| Culturing manager compensation   |                                     |
| Description of services provided   |                                     |
| Bodoliphion of solvidod provided P   |                                     |
|  |                                     |
|  |                                     |
| Director/officer Employee Independent contractor   |                                     |
|  |                                     |
| 17 Mandatory distributions:  |                                     |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to  |                                     |
| retain the state gaming license?   | Yes No.                             |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen   |                                     |
| organization's own exempt activities during the tax year   |                                     |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (  | v): and Part III. lines 9, 9b, 10b. |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.   | ,,, a.e., a.e.,,                    |
| TOST TOT AND THE PROPERTY AND THE STATE OF T |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  | ıle G (Form 990 or 990-EZ) 2020     |
| OUIGUE   | (1 OI III OOG OI OOG EE) 2020       |

32

| Schedule G | (Form 990 or 990-EZ) | OF ORANGE COUNTY                      | , INC. | 32-0362611 Page 4                       |
|------------|----------------------|---------------------------------------|--------|---|
| Part IV    | Supplemental Info    | OF ORANGE COUNTY ormation (continued) |        | 0.0000000000000000000000000000000000000 |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
|            |                      |                                       |        |   |
| _          |                      |                                       |        |   |

SCHEDULE I (Form 990)

# 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.

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Name of the organization SECOND HA  OF ORANGE  |            | Employer identification number 32-0362611 |                          |   |  |                                       |                                    |
|--|------------|---|--------------------------|---|--|---------------------------------------|------------------------------------|
| Part I General Information on Grants a   |            |   |                          |   |  |                                       |                                    |
| Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro- | tance?     |   |                          |   |  |                                       |                                    |
| Part II Grants and Other Assistance to   |            |   |                          |   | nization answered "\   | es" on Form 990, Part                 | IV, line 21, for any               |
| recipient that received more than 5  |            |   |                          |   |  | •                                     |                                    |
| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section<br>(if applicable)        | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| FAMILIES FORWARD<br>8 THOMAS   |            |   |                          |   |  |                                       |                                    |
| IRVINE CA 92618  | 33-0086043 | 501C3                                     | 10,000.                  | 0,                                      |  |                                       | SERVICE AWARD                      |
| HELPING OTHERS PREPARE FOR<br>ETERNITY - 11022 ACACIA PARKWAY,<br>STE C - GARDEN GROVE, CA 92840                                     | 33-0784384 | 50103                                     | 10,000.                  | 0.                                      |  |                                       | SERVICE AWARD                      |
| LAGUNA FOOD PANTRY<br>20652 LAGUNA CANYON RD<br>LAGUNA BEACH, CA 92651   | 33-0593551 | 501C3                                     | 10,000,                  | 0.                                      |  |                                       | SERVICE AWARD                      |
| LATINO HEALTH ACCESS 602 E. 4TH STREET SANTA ANA CA 92701  | 33-0562943 | 501C3                                     | 10,000.                  | 0.                                      |  |                                       | SERVICE AWARD                      |
| ORANGE COUNTY RESCUE MISSION 1 HOPE DRIVE TUSTIN, CA 92782   | 95-2479552 | 501C3                                     | 10,000                   | 0.                                      |  |                                       | SERVICE AWARD                      |
|  |            |   |                          |   |  |                                       |                                    |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations  | _          |   | ne line 1 table          |   |  |                                       |                                    |

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

Schedule I (Form 990) 2020

032101 11-02-20

| Schedule I (Form 990) 2020       | OF ORANGE CO               | EST FOOD BANK<br>OUNTY, INC. | •                        |                                       |  | 32-0362611                    | Page 2   |
|----------------------------------|----------------------------|------------------------------|--------------------------|---------------------------------------|--|-------------------------------|----------|
|                                  | stance to Domestic Indi-   |                              | organization answ        | ered "Yes" on Form 9                  | 90, Part IV, line 22.                                    |                               |          |
| (a) Type of grant                | or assistance              | (b) Number of recipients     | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash as | sistance |
|                                  |                            |                              |                          |                                       |  |                               |          |
| ,                                | 5                          |                              |                          |                                       |  |                               |          |
|                                  |                            |                              |                          |                                       |  |                               |          |
|                                  |                            |                              |                          |                                       |  |                               |          |
|                                  |                            |                              |                          |                                       |  |                               |          |
|                                  |                            |                              |                          |                                       |  |                               |          |
| Part IV Supplemental Information | tion. Provide the informat | ion required in Part I, line | 2; Part III, column      | (b); and any other ac                 | ditional information.                                    |                               |          |
| PART 1, LINE 2 - P               | ROCEDURES FOR              | MONITORING                   | JSE OF GR                | ANTS FUNDS                            | IN U.S.  |                               |          |
| THERE IS AN APPLIC               | ATION PROCESS              | AND REVIEW                   | COMMITTEE                | ALL OF O                              | UR   |                               |          |
| COMMUNITY PARTNERS               | ARE REGULARY               | MONITORED FO                 | OR PROGRAI               | M COMPLIANC                           | E BY OUR   |                               |          |
| STAFF.                           |                            |                              |                          |                                       |  |                               |          |
|                                  |                            |                              |                          |                                       |  |                               |          |
| <del> </del>                     |                            |                              |                          |                                       |  |                               |          |
|                                  |                            |                              |                          |                                       |  |                               |          |
|                                  |                            |                              |                          |                                       |  |                               |          |

032102 11-02-20

## **SCHEDULE J** (Form 990)

# **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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. SECOND HARVEST FOOD BANK

OF ORANGE COUNTY, INC.

Employer identification number 32-0362611

| Pa      | art I Questions Regarding Compensation   |          |       |          |
|---------|--|----------|-------|----------|
|         |  |          | Yes   | No       |
| 1a      | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, |          | E I   | Si.      |
|         | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             | 1.00     |       | 1000     |
|         | First-class or charter travel Housing allowance or residence for personal use  |          |       |          |
|         | Travel for companions Payments for business use of personal residence  | 200      |       | 1        |
|         | Tax indemnification and gross-up payments Health or social club dues or initiation fees                                | 32.0     |       |          |
|         | Discretionary spending account Personal services (such as maid, chauffeur, chef)                                       | 0.00=110 |       |          |
|         |  |          |       |          |
| h       | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          | 100      |       |          |
| _       | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b       |       |          |
| 2       | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,       | 10       |       |          |
| _       | trustees, and officers, including the CEÖ/Executive Director, regarding the items checked on line 1a?                  | 2        |       |          |
|         | trustees, and officers, including the OEO/Executive Director, regarding the items checked of line 14?                  | -        |       |          |
|         |  |          |       |          |
| 3       | Indicate which, if any, of the following the organization used to establish the compensation of the organization's     |          |       | 2 3      |
|         | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to     |          | 18    |          |
|         | establish compensation of the CEO/Executive Director, but explain in Part III.   | 18H H    |       | , = p    |
|         | X Compensation committee Written employment contract   | - 1      |       |          |
|         | X Compensation consultant  | 11.3     | WI.   |          |
|         | Form 990 of other organizations  X Approval by the board or compensation committee                                     | 1 19     |       |          |
| 4       | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |          | 100   |          |
| _       | organization or a related organization:  | 100      | in is |          |
| _       |  | 4a       |       | х        |
| 21<br>L |  |          |       | X        |
| D       |  |          |       | X        |
| С       | Participate in or receive payment from an equity-based compensation arrangement?                                       | 40       | 0     | 1        |
|         | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.          | 4.0      |       | Alpha    |
|         | 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      | JPCU2    |       | ion.     |
| _       | contingent on the revenues of:   | 4.7      |       |          |
| а       | The organization?  | 5a       |       | Х        |
|         | Any related organization?  |          |       | Х        |
| ~       | 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      |          |       | E        |
| U       | contingent on the net earnings of:   | 1100     | 1.2   | 19.5     |
| _       | The organization?  | 6a       |       | Х        |
|         |  |          |       | X        |
| 0       | Any related organization? If "Yes" on line 6a or 6b, describe in Part III.   | 00       |       | <u> </u> |
| -       |  | 215      |       | 9-8      |
| 7       |  | 7        | 100   | x        |
| _       | not described on lines 5 and 6? If "Yes," describe in Part III   | 7        |       | +        |
| 8       |  |          |       | v        |
| _       | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | . 8      |       | X        |
| 9       | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 | 100      |       |          |
|         | Regulations section 53.4958-6(c)?  | . 9      |       | _        |

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

Schedule J (Form 990) 2020

# SECOND HARVEST FOOD BANK

Page 2

Schedule J (Form 990) 2020 OF ORANGE COUNTY, INC. 32-036 Z611

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

|                     |             | (B) Breakdown of         | W-2 and/or 1099-MI                        | SC compensation                           | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation   |  |
|---------------------|-------------|--------------------------|---|---|--------------------------------|----------------|----------------------|--|--|
| (A) Name and Title  |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | in column (B)<br>reported as deferred<br>on prior Form 990 |  |
| (1) HARALD HERRMANN | (0)         | 241,660.                 | 0.  | 1,800.                                    | 0.                             | 18,084.        | 261,544.             | 0.   |  |
| CEO                 | a           | 0.                       | 0.  | 0.  | 0.                             | 0.             | 0.                   | 0.   |  |
| (2) CLAUDIA KELLER  | (i)         | 164,399.                 | 0.  | 1,375.                                    | 0.                             | 9,617.         | 175,391.             | 0.   |  |
| CDO                 | (ii)        | 0.                       | 0.  | 0.  | 0.                             | 0.             | 0.                   | 0.   |  |
| (3) JERRY CREEKPAUM | (i)         | 136,273.                 | 15,000.                                   | 1,200.                                    | 500.                           | 22,009.        | 174,982.             | 0.   |  |
| 000                 | (ii)        | 0.                       | 0.  | 0.  | 0.                             | 0.             | 0.                   | 0.   |  |
| (4) JOYCE FOLEY     | (i)         | 138,998.                 | 12,500.                                   | 1,500.                                    | 500.                           | 9,563.         | 163,061.             | 0.   |  |
| CFO                 | (0)         | 0.                       | 0.  | 0.  | 0.                             | 0.             | 0.                   | 0.   |  |
|                     | (i)         |                          |   |   |                                |                |                      |  |  |
|                     | (ii)        |                          |   |   |                                |                |                      |  |  |
|                     | (i)         |                          |   |   |                                |                |                      |  |  |
|                     | (ii)        |                          |   |   |                                |                |                      |  |  |
|                     | (0)         |                          |   |   |                                |                |                      |  |  |
|                     | (0)         |                          |   |   |                                |                |                      |  |  |
|                     | (0)         |                          |   |   |                                |                |                      |  |  |
|                     | (ii)        |                          |   |   |                                |                |                      |  |  |
|                     | (0)         |                          |   |   |                                |                |                      |  |  |
|                     | (ii)        |                          |   |   |                                |                |                      |  |  |
|                     | (i)         |                          |   |   |                                |                |                      |  |  |
|                     | (ii)        |                          |   |   |                                |                |                      |  |  |
|                     | (0)         |                          |   |   |                                |                |                      |  |  |
| -                   | (ii)<br>(i) |                          |   |   |                                |                |                      |  |  |
|                     | (0)         |                          |   |   |                                |                |                      |  |  |
|                     | (i)         |                          |   |   |                                |                |                      |  |  |
|                     | (1)         |                          |   |   |                                |                |                      |  |  |
|                     | (i)         |                          |   |   |                                |                |                      |  |  |
|                     | (0)         |                          |   |   |                                |                |                      |  |  |
|                     | 0           |                          |   |   |                                |                |                      |  |  |
|                     | m           |                          |   |   |                                |                |                      |  |  |
|                     | 0           |                          |   |   |                                |                |                      |  |  |
|                     | lan         |                          |   |   |                                |                |                      |  |  |

Schedule J (Form 990) 2020

PUBLIC DISCLOSURE COPY SECOND HARVEST FOOD BANK OF ORANGE COUNTY, INC.

| Schedule J (Form 990) 2020 OF ORANGE COUNTY, INC.   | 32-0362611  | Page 3      |
|---|---|-------------|
| Part III Supplemental Information   |   |             |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5 | ia, Sb, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information | De :        |
|   |   |             |
| PART I, LINE 3:   |   |             |
| COMMITTEE USED SALARY SURVEYS FOR INITIAL HIRING.   | BOARD APPROVES AMOUNT.  |             |
|   |   |             |
|   |   |             |
|   |   |             |
|   |   |             |
|   |   |             |
|   |   |             |
|   |   |             |
| -   |   |             |
|   |   |             |
|   |   |             |
|   |   |             |
|   |   |             |
|   | _   |             |
|   |   |             |
|   |   |             |
|   | Schedule J (For   | rm 990) 202 |

## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

SECOND HARVEST FOOD BANK OF ORANGE COUNTY, INC.

Employer identification number 32-0362611

| Pa  | irt I Types of Property                           |                               |   |   |             |   |  |         |        |          |
|-----|---|-------------------------------|---|---|-------------|---|--|---------|--------|----------|
|     |   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contr<br>amounts repor<br>Form 990, Part V | ted on      |   | <b>(d)</b><br>lethod of de<br>ish contribu |         |        | s        |
| 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                             | 442   | 91,063  | ,001.       | FMV                                     |  |         |        |          |
| 20  | Drugs and medical supplies                        |                               |   |   |             |   |  |         |        |          |
| 21  | Taxidermy   |                               |   |   |             |   |  |         |        |          |
| 22  | Historical artifacts                              |                               |   |   |             |   |  |         |        |          |
| 23  | Scientific specimens                              |                               |   |   |             |   |  |         |        |          |
| 24  | Archeological artifacts                           |                               |   |   |             |   |  |         |        |          |
| 25  | Other (SUPPLIES)                                  | Х                             | 0   | 320   | ,374.       | DONOR                                   | PROVI                                      | DED     |        |          |
| 26  | Other (OTHER VARIOUS)                             | X                             | 4   |   |             |   | PROVI                                      |         |        |          |
| 27  | Other (FURNITURE & E)                             | Х                             | 3   |   |             |   | PROVI                                      | DED     |        |          |
| 28  | Other (GIFT CARDS)                                | Х                             | 4   |   | ,590.       | FACE V                                  | VALUE                                      |         |        |          |
| 29  | Number of Forms 8283 received by the organiz      | ation during                  | the tax year for co                                       | ontributions  |             |   |  |         |        |          |
|     | for which the organization completed Form 828     | 33, Part V, D                 | onee Acknowledge  | ement   | 29          |   |  |         |        |          |
|     |   |                               |   |   |             |   |  |         | Yes    | No       |
| 30a | 3 , ,   |                               |   |   | _           |   | t  | 7.5     | 100    |          |
|     | must hold for at least three years from the date  | of the initia                 | l contribution, and                                       | which isn't require                                       | ed to be us | sed for                                 |  | CONT    |        | Ed)\$    |
|     | exempt purposes for the entire holding period?    |                               |   |   |             |   | ************                               | 30a     |        | <u> </u> |
|     | If "Yes," describe the arrangement in Part II.    |                               |   |   |             |   |  | K 14    | 2,00   |          |
| 31  | Does the organization have a gift acceptance p    | -                             |   | -   |             | tions?                                  |  | 31      |        | X        |
| 32a | Does the organization hire or use third parties   | or related or                 | ganizations to solic                                      | it, process, or sell                                      | noncash     |   |  |         |        |          |
|     | contributions?                                    |                               | (********************                                     |   |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  | 32a     |        | <u>X</u> |
| b   | If "Yes," describe in Part II.                    |                               |   |   |             |   |  | ha X    |        |          |
| 33  | If the organization didn't report an amount in co | olumn (c) for                 | a type of property  | for which column  | (a) is chec | cked,                                   |  | 1       | 314    |          |
|     | describe in Part II.                              |                               |   |   |             |   |  | UNIX    |        | V. 77    |
| _HA | For Paperwork Reduction Act Notice, see           | the Instruct                  | ions for Form 990   | ).  |             |   | Schedule M                                 | l (Forn | n 990) | 2020     |

| Schedule M | (Form 990) 2020                   | OF ORANGE   | COUNTY,                           | INC.                        |   |                                  | 32-0362611  | Page 2          |
|------------|-----------------------------------|---|-----------------------------------|-----------------------------|---|----------------------------------|---|-----------------|
| Part II    | Supplemental is reporting in Part | Information. F<br>t I, column (b), the n<br>dditional information | rovide the informumber of contril | mation requ<br>butions, the | ired by Part I, lines 30b,<br>number of items receive | 32b, and 33, a<br>ed, or a combi | and whether the organiz<br>nation of both. Also con | ation<br>iplete |
|            |                                   |   |                                   |                             |   | _                                |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   | _                                |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |
|            |                                   |   |                                   |                             |   |                                  |   |                 |

Schedule M (Form 990) 2020

032142 11-23-20

**SCHEDULE O** 

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# 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.

2020 Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

SECOND HARVEST FOOD BANK OF ORANGE COUNTY, INC.

Employer identification number 32-0362611

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

THE FOOD WAS PURCHASED BY OR DONATED TO SECOND HARVEST WHICH

DISTRIBUTED IT TO 282 PANTRIES AND PARTNERS THROUGHOUT ORANGE COUNTY,

INCLUDING HOUSES OF WORSHIP AND SCHOOLS, AFTER-SCHOOL PROGRAMS, SENIOR

CENTERS AND LOW-INCOME SENIOR HOUSING COMMUNITIES, TRANSITIONAL

HOUSING, HOMELESS SHELTERS, AND SOUP KITCHENS.

OUR CHILD HUNGER STRATEGY SEEKS TO END HUNGER FOR MANY THOUSANDS OF

FOOD-INSECURE CHILDREN. MEALS AND SNACKS (PLUS NUTRITION EDUCATION) ARE

PROVIDED THROUGH A NETWORK OF KIDS CAFE AFTER-SCHOOL SITES AND SUMMER

MEAL DISTRIBUTIONS. OUR PERMANENT AND MOBILE SCHOOL PANTRY PROGRAMS

DISTRIBUTED THOUSANDS OF POUNDS OF FRESH PRODUCE AND NUTRITION-FOCUSED

SHELF-STABLE FOODS AT NEIGHBORHOOD SCHOOLS AND COMMUNITY CENTERS IN

UNDER-SERVED AREAS.

SECOND HARVEST'S SENIOR GROCERY PROGRAM IS DESIGNED TO COMBAT HUNGER

AND MALNUTRITION FOR LOW-INCOME SENIORS. WE DISTRIBUTED GROCERIES TO

THOUSANDS OF SENIOR HOUSEHOLDS AT SENIOR CENTERS AND LOW-INCOME SENIOR
HOUSING LOCATIONS THROUGHOUT THE COUNTY.

WE ALSO PROVIDED NUTRITIOUS FRESH FOODS AND STAPLE ITEMS DIRECTLY TO

FOOD INSECURE PEOPLE IN UNDER-SERVED AREAS THROUGHOUT ORANGE COUNTY

WITH OUR MOBILE PANTRY AND SCHOOL PANTRY DELIVERIES.

FORM 990, PART VI, SECTION A, LINE 6:

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

| Schedule O (Form 990 or 990-EZ) 2020                       | Page 2                                    |
|--|---|
| Name of the organization SECOND HARVEST FOOD BANK          | Employer identification number 32-0362611 |
| OF ORANGE COUNTY, INC.                                     | 32-0302011                                |
| COUNCIL OF ORANGE COUNTY SOCIETY OF ST.VINCENT DE PAUL IS  | THE SOLE MEMBER                           |
| OF THE CORPORATION.  |   |
|  |   |
| FORM 990, PART VI, SECTION A, LINE 7A:                     |   |
| COUNCIL OF ORANGE COUNTY SOCIETY OF ST.VINCENT DE PAUL IS  | ALLOWED TO                                |
| APPOINT A BOARD MEMBER TO THE SECOND HARVEST BOARD OF DIRE | ECTORS.                                   |
|  |   |
| FORM 990, PART VI, SECTION B, LINE 11B:                    |   |
| REVIEW OF THE 990 DRAFT WILL BE DONE BY THE BOARD AS PART  | OF ITS DUTIES. A                          |
| VOTE WILL BE TAKEN TO RECORD ACCEPTANCE OF THE 990.        |   |
| VOID WILL DE TIMEET TO RECORD RECEITIMED OF THE 9501       |   |
| FORM 990, PART VI, SECTION B, LINE 12C:                    |   |
| COI FORMS FOR BOARD MEMBERS ARE SIGNED ANNUALLY AND MONITO | ORED BY STAFF.                            |
| OT TOTAL TOTAL DOLLAR TELESCOPE TELESCOPE TELESCOPE        |   |
| EODW 000 DADE UT CECETON B I INE 15.                       |   |
| FORM 990, PART VI, SECTION B, LINE 15:                     |   |
| THE BOARD'S EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE C | COMPENSATION FOR                          |
| THE CEO, CFO, COO AND CDO. SALARY SURVEYS ARE USED.        |   |
| 0-   |   |
| FORM 990, PART VI, SECTION C, LINE 19:                     |   |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES,  | AND FINANCIAL                             |
| STATEMENTS AVAILABLE UPON REQUEST AND ON ITS WEBSITE.      |   |
|  |   |
| FORM 990, PART XII, LINE 2C:                               |   |
| THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.               |   |
|  |   |
|  |   |
|  |   |
|  |   |

| SCHEDULE R |  |
|------------|--|
| (Form 990) |  |

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.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

SECOND HARVEST FOOD BANK

OF ORANGE COUNTY, INC.

Employer identification number 32-0362611

| (a)  | (b)                                    | (c)   | (d)                    | (e                               |                               |                         | (f)  |                 |
|--|--|---|------------------------|----------------------------------|-------------------------------|-------------------------|--|-----------------|
| Name, address, and EIN (if applicable) of disregarded entity   | Primary activity                       | Legal domicile (state o<br>foreign country) |                        |                                  |                               | Direct o                | ontrolling                                       | g               |
|  |  |   |                        |                                  |                               |                         |  |                 |
|  |  |   |                        |                                  |                               |                         |  |                 |
|  |  |   |                        |                                  |                               |                         |  |                 |
|  |  |   |                        |                                  |                               |                         |  |                 |
| Part II Identification of Related Tax-Exempt Organiorganizations during the tax year.  | izations, Complete if the organization | answered "Yes" on Form 990                  | ), Part IV, line 34, I | because it had one               | or more                       | elated tax-exer         | mpt  |                 |
| (a)<br>Name, address, and EIN  | (b)<br>Primary activity                | (c) Legal domicile (state or                | (d)<br>Exempt Code     | (e)<br>Public charity            | (f) Direct controlling entity |                         | (g)<br>Section 512(b)(1<br>controlled<br>entity? |                 |
| of related organization  |  | foreign country)                            | section                | status (if section               |                               | t controlling<br>entity | cont   | rolled          |
| of related organization  |  | _ ,   |                        |                                  |                               |                         | cont   | rolled          |
| COUNCIL OF ORANGE COUNTY SOCIETY OF ST. VINCENT DE PAUL - 95-3033494, 1505 E. 17TH   | PROVIDES SERVICES TO THE               | foreign country)                            |                        | status (if section<br>501(c)(3)) |                               |                         | conti  | rolled<br>lity? |
| of related organization  COUNCIL OF ORANGE COUNTY SOCIETY OF ST.  VINCENT DE FAUL - 95-3033494, 1505 E. 17TH  STREET #109, SANTA ANA, CA 92705 | PROVIDES SERVICES TO THE               | _ ,   |                        | status (if section               |                               |                         | conti  | rolled<br>lity? |
| COUNCIL OF ORANGE COUNTY SOCIETY OF ST. VINCENT DE PAUL - 95-3033494, 1505 E. 17TH   |  | foreign country)                            |                        | status (if section<br>501(c)(3)) |                               |                         | conti  | rolled<br>lity? |

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

Schedule R (Form 990) 2020

032161 10-28-20 LHA

# SECOND HARVEST FOOD BANK

Schedule R (Form 990) 2020 OF ORANGE COUNTY, INC.

32-0362611

Schedule R (Form 990) 2020

Page 2

| (a)   | (b)   | (c)                              | (d)                     |                                       | e)                                      |         | (f)                             |         | (g)               | (1        | h)      | (i)                         |       | (i)                    | (k                    | :)         |
|---|---|----------------------------------|-------------------------|---------------------------------------|---|---------|---------------------------------|---------|-------------------|-----------|---------|-----------------------------|-------|------------------------|-----------------------|------------|
| Name, address, and EIN of related organization                | Primary activity                                  | Legal<br>domicite                | entity                  | Predomin                              | edominant income<br>related, unrelated, |         | of total                        |         | are of<br>of-year |           |         | and a country for the sec   |       | General or<br>managing | Percer                | nta        |
| or rolated organization                                       |   | (state or<br>foreign<br>country) |                         | excluded fr<br>sections               |   |         |                                 | assets  |                   | Yes       |         | 20 of Scheo<br>K-1 (Form 10 | dule  | yes No                 |                       | 1,000,0    |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           |         |                             |       |                        |                       |            |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           |         |                             |       |                        |                       |            |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           |         |                             |       | $\top$                 |                       |            |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           |         |                             |       |                        |                       |            |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           |         |                             |       |                        |                       |            |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           |         |                             |       |                        |                       |            |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           |         |                             |       |                        |                       |            |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           |         |                             |       |                        |                       |            |
| rt IV Identification of Related Organizations treated as a co | ganizations Taxable a<br>rporation or trust durin | is a Corpo                       | ration or Trust, Crear. | omplete if t                          | he organizati                           | on ansv | vered "Yes                      | " on Fo | m 990, P          | art IV, I | line 34 | 1, because it h             | ad or | ne or mo               | ore rela              | itec       |
| (a)   |   | (b)                              |                         | (c)                                   | (d)                                     |         | (e)                             |         |                   | f)        |         | (g)<br>Share of             |       | (h)                    | (i<br>Sec             | i)<br>tion |
| Name, address, and E<br>of related organizatio                |   | Prim                             | ary activity            | egal domicile<br>(state or<br>foreign | Direct cont<br>entity                   |         | Type of<br>(C corp. s<br>or tru | S corp, | Share o           |           |         | end-of-year<br>assets       | owi   | centage<br>nership     | Sec<br>512(b<br>contr | olled      |
|   |   |                                  |                         | country)                              |   |         |                                 | -       |                   |           | +       |                             | -     |                        | Yes                   | N          |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           |         |                             |       |                        |                       |            |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           | T       |                             |       |                        |                       |            |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           | +       |                             |       |                        |                       |            |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           |         |                             |       |                        |                       |            |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           |         |                             |       |                        |                       |            |
|   |   |                                  |                         |                                       |   |         |                                 |         |                   |           | +       |                             | +     |                        |                       |            |
|   |   |                                  |                         |                                       | I                                       |         | 1                               |         | 1                 |           | 1       |                             | 1     |                        |                       | 1          |

| Sched   | PUBL<br>SECOND HARVEST FOOD BANK<br>ule R (Form 890) 2020 OF ORANGE COUNTY, INC.   | LIC DISCLOSUR              | RE COPY                                 | 32-036                               | 2611    |  | Page 3 |  |  |  |
|---|--|----------------------------|---|--------------------------------------|---------|--|--------|--|--|--|
|   | Transactions With Related Organizations. Complete if the organization and  | swered "Yes" on For        | m 990, Part IV, line 34, 35b            |                                      | 2011    |  | age    |  |  |  |
| Note:   | Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |                            |   |                                      |         | Yes  | No     |  |  |  |
| 1 [   |  |                            |   |                                      |         |  |        |  |  |  |
| a F   | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                          |                            |   |                                      |         |  |        |  |  |  |
| b (   | b Gift, grant, or capital contribution to related organization(s)  |                            |   |                                      |         |  |        |  |  |  |
| c (   | c Gift, grant, or capital contribution from related organization(s)  |                            |   |                                      |         |  |        |  |  |  |
| d l   | d Loans or loan guarantees to or for related organization(s)   |                            |   |                                      |         |  |        |  |  |  |
| e L   | e Loans or loan guarantees by related organization(s)  |                            |   |                                      |         |  |        |  |  |  |
| f   | Dividends from related organization(s)   | ******************         | *************************************** |                                      | 11      |  | х      |  |  |  |
| g S   | Sale of assets to related organization(s)  |                            | ******                                  |                                      | 1g      |  | X      |  |  |  |
| h F   | Purchase of assets from related organization(s)  |                            |   | 4004041                              | 1h      |  | X      |  |  |  |
| i E   | xchange of assets with related organization(s)   |                            | *************************************** |                                      | 1i      |  | Х      |  |  |  |
| j L   | j Lease of facilities, equipment, or other assets to related organization(s)   |                            |   |                                      |         |  |        |  |  |  |
| <b>b</b> 1  | case of facilities, equipment, or other senate from related eventiation(a)   |                            |   |                                      | 1k      | 10000  | х      |  |  |  |
| I P   | k Lease of facilities, equipment, or other assets from related organization(s)   |                            |   |                                      |         |  |        |  |  |  |
| 9 3 3 2 2 3 3 3 2 2 3 3 3 3 3 3 3 3 3 3   |  |                            |   |                                      |         |  |        |  |  |  |
|   | m Performance of services or membership or fundraising solicitations by related organization(s)                            |                            |   |                                      |         |  |        |  |  |  |
| n Sharing of facilities, equipment, malling lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s) |  |                            |   |                                      |         |  |        |  |  |  |
| <b>o</b> 5  | naring of paid employees with related organization(s)  |                            |   |                                      | 10      |  | Х      |  |  |  |
| - 6   | laimbuyaamant maid ta yalatad ayarria-ti-r/-\ f-r-ry   |                            |   |                                      | 1p      |  | х      |  |  |  |
|   | p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses |                            |   |                                      |         |  |        |  |  |  |
| q F   | termoursement paid by related organization(s) for expenses   |                            |   |                                      | 19      |  | Х      |  |  |  |
|   | other transfer of cash or property to related organization(s)  |                            |   |                                      | E511    | Contract of the Contract of th | х      |  |  |  |
|   |  |                            |   |                                      | 1r      |  | x      |  |  |  |
|   | the answer to any of the above is "Yes," see the instructions for information on w   | dos pount aspendato ti     | ble fire instruction accounts           |                                      | 15      | _  | ΙΛ.    |  |  |  |
|   | (a) Name of related organization   | (b) Transaction type (a-s) | (c) Amount involved                     | (d)  Method of determining amount is | nvolved |  |        |  |  |  |
| (1)   |  |                            |   |                                      |         |  |        |  |  |  |
| (2)   |  |                            |   |                                      |         |  |        |  |  |  |
| (3)   |  |                            |   |                                      |         |  |        |  |  |  |
| (4)   |  |                            |   |                                      |         |  |        |  |  |  |
| (5)   |  |                            |   |                                      |         |  |        |  |  |  |
| (6)   |  |                            |   |                                      |         |  |        |  |  |  |
|   |  |                            |   |                                      |         |  | _      |  |  |  |

#### SECOND HARVEST FOOD BANK

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

OF ORANGE COUNTY, INC. Schedule R (Form 990) 2020

32-0362611 Page 4

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.

| (a)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity                 | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all<br>purchase s<br>501(c)(3<br>cross ) | (g)<br>Share of<br>end-of-year<br>assets | (h<br>Dispro-<br>tion<br>affecati<br>Yes | por-<br>ele<br>ens? | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | General<br>managi<br>partner<br>Yes N | (k) Percentage ownership |
|--|---|---|---|---|--|--|---------------------|---|---------------------------------------|--------------------------|
|  |   |   |   |   |  |  |                     |   |                                       |                          |
|  |   |   |   |   |  |  |                     |   |                                       |                          |
|  |   |   |   |   |  |  |                     |   |                                       |                          |
|  |   |   |   |   |  |  |                     |   |                                       |                          |
|  |   |   |   |   |  |  |                     |   |                                       |                          |
|  |   |   |   |   |  |  |                     |   |                                       |                          |
| 5—————————————————————————————————————     |   |   |   |   |  |  |                     |   | H                                     |                          |
|  | ======================================= |   |   |   |  |  |                     |   |                                       |                          |
|  |   |   |   |   |  |  |                     |   |                                       |                          |

Schedule R (Form 990) 2020

032164 10-28-20

### PUBLIC DISCLOSURE COPY SECOND HARVEST FOOD BANK OF ORANGE COUNTY, INC.

| Schedule R   | (Form 990) 2020                      | OF        | ORANGE       | COUNTY,        | INC.            |               | 32-0362611 | Page 5 |
|--------------|--------------------------------------|-----------|--------------|----------------|-----------------|---------------|------------|--------|
| Part VII     | (Form 990) 2020<br>Supplemental Info | rmatio    | n            |                |                 |               |            |        |
|              | Provide additional inform            | ation for | responses to | questions on § | Schedule R. See | instructions. |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                | Á)              |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
| -            |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
| <del></del>  |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
| <del>)</del> |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
| -            |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                | Ţ.              |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 | R             |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |
|              |                                      |           |              |                |                 |               |            |        |