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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SECOND HARVEST NORTH CENTRAL FOOD BANK

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2222 CROMELL DRIVE P.O. BOX 5130

City or town, state or country, and ZIP + 4
GRAND RAPIDS, MN 55744

D Employer identification number
41-1782776

E Telephone number
(218) 326-4420

G Gross receipts $ 5,069,937.

F Name and address of principal officer. SUSAN ESTEE
SAME AS C ABOVE

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SECONDHARVESTNCFB.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1994 **M** State of legal domicile: MN

Part I Summary

1	Briefly describe the organization's mission or most significant activities: ENGAGING THE COMMUNITY TO END HUNGER		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of employees (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	500
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,634,378.	4,269,399.
9	Program service revenue (Part VIII, line 2g)	1,049,790.	779,831.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-15,383.	16,757.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,496.	769.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,678,281.	5,066,756.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,838,587.	4,018,482.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	460,786.	435,918.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,700.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	455,618.	462,207.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,754,991.	4,916,607.
19	Revenue less expenses. Subtract line 18 from line 12	-76,710.	150,149.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,310,970.	2,441,992.
21	Total liabilities (Part X, line 26)	234,957.	213,761.
22	Net assets or fund balances. Subtract line 21 from line 20	2,076,013.	2,228,231.

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45
OGDEN, UT

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 7/28/10

▶ SUSAN ESTEE, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 7/12/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
LARSONALLEN LLP
818 SECOND ST. SO., SUITE 20
WAITE PARK, MN 56387

EIN ▶

Phone no. ▶ 320-203-5500

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

12

Part III | Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.
ENGAGING THE COMMUNITY TO END HUNGER

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 4,206,319. including grants of $ 3,871,247.) (Revenue $ 471,154.)
FOOD BANK DISTRIBUTION:
THE PRIMARY PROGRAM OF SECOND HARVEST NORTH CENTRAL FOOD BANK IS ACQUISITION, WAREHOUSING AND DISTRIBUTION OF DONATED FOOD AND RELATED GROCERY PRODUCTS TO OTHER NON-PROFIT AGENCIES THAT PROVIDE FOOD TO LOW-INCOME PEOPLE IN AITKIN, CASS, CROW WING, ITASCA, KANABEC, KOOCHICHING AND MILLE LACS COUNTIES IN MINNESOTA. IN 2009 OVER 3.6 MILLION POUNDS OF FOOD WERE DISTRIBUTED THROUGH 135 AGENCIES AND DIRECTLY TO INDIVIDUALS THROUGH SECOND HARVEST PROGRAMS. SECOND HARVEST PURCHASES GROCERY PRODUCTS THAT ARE DESIRABLE BUT RARELY DONATED FOR DISTRIBUTION TO AGENCIES AND RE-PACKS BULK PRODUCTS FOR MORE CONVENIENT DISTRIBUTION. NINE EMPLOYEES WORK IN WAREHOUSING, DELIVERY, ADMINSTRATION AND PROGRAMS. VOLUNTEERS PROVIDE OVER 4,600 HOURS OF

4b (Code.) (Expenses $ 128,189. including grants of $ 18,047.) (Revenue $ 182,526.)
GRAND RAPIDS FOOD SHELF:
THE GRAND RAPIDS FOOD SHELF IS THE FOOD PANTRY PROGRAM OF SECOND HARVEST FOOD BANK. THE FOOD SHELF PROVIDES FOOD DIRECTLY TO PEOPLE IN NEED IN GRAND RAPIDS AND THE SURROUNDING AREA. IN 2009, THER WERE 8,611 HOUSEHOLD VISITS TO THE FOOD SHELF RESULTING IN THE DISTRIBUTION OF 531,141 POUNDS OF FOOD TO THOSE FAMILIES. VOLUNTEERS GAVE 6,200 HOURS OF TIME TO THE FOOD SHELF IN 2009.

4c (Code:) (Expenses $ 141,123. including grants of $ 112,888.) (Revenue $ 0.)
MAC & NAPS/CSFP PROGRAM:
MAC & NAPS IS THE COMMODITY SUPPLEMENTAL FOOD PROGRAM OF THE USDA AND CONTRACTED IN MINNESOTA THROUGH THE DEPT OF HEALTH. IN 2009, 26,048 CHILDREN AND SENIORS RECEIVED COMMODITY FOOD BOXES FROM THIS PROGRAM. OVER 2,100 BOXES ARE PACKED AT SECOND HARVEST BY VOLUNTEERS EVERY MONTH AND DISTRIBUTED THROUGH 34 LOCATIONS IN THE SERVICE AREA.

4d Other program services (Describe in Schedule O.)
(Expenses $ 152,737. including grants of $ 16,300.) (Revenue $ 126,151.)

4e Total program service expenses ▶ $ 4,628,368.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, 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 assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
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		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	6		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		4b		
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	13		
b	Enter the number of voting members that are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ALICE SVIGEL - 218-326-4420

2222 CROMELL DR., GRAND RAPIDS, MN 55744

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANE BONNESEN PRESIDENT	1.00	X		X				0.	0.	0.
STEVEN "MIKE" PRZYTARSKI DIRECTOR	0.50	X						0.	0.	0.
BILL WHEELER DIRECTOR	0.50	X						0.	0.	0.
ANDY STAMSON DIRECTOR	0.50	X						0.	0.	0.
JUDY ANDERSON-BAUER DIRECTOR	0.50	X						0.	0.	0.
ROBERT DUNNELL TREASURER	0.50	X		X				0.	0.	0.
BARB DORRY VICE PRESIDENT	0.50	X		X				0.	0.	0.
MAVIS CONNOLLY DIRECTOR	0.50	X						0.	0.	0.
ALANA HUGHES DIRECTOR	0.50	X						0.	0.	0.
DEE HILLSTROM DIRECTOR	0.50	X						0.	0.	0.
AL GILBERTSON DIRECTOR	0.50	X						0.	0.	0.
AMY TRAST DIRECTOR	0.50	X						0.	0.	0.
DEB PAGE SECRETARY	0.50	X		X				0.	0.	0.
SUSAN ESTEE EXECUTIVE DIRECTOR	40.00			X				60,937.	0.	12,530.
ALICE SVIGEL ACCOUNTANT	40.00			X				29,716.	0.	15,459.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								90,653.	0.	27,989.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	10,000.				
	b Membership dues	1b					
	c Fundraising events	1c	3,300.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1164101.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3091998.				
	g Noncash contributions included in lines 1a-1f $ 3410636.						
	h Total. Add lines 1a-1f			4269399.			
Program Service Revenue		Business Code					
	2a FOOD DISTRIBUTION	624200		775,031.	775,031.		
	b AGENCY MEMBERSHIP DUES	624200		4,800.	4,800.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			779,831.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,616.			2,616.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		17,215.				
	b Less: cost or other basis and sales expenses		3,074.				
	c Gain or (loss)		14,141.				
	d Net gain or (loss)			14,141.			14,141.
	8a Gross income from fundraising events (not including $ 3,300. of contributions reported on line 1c) See Part IV, line 18	a	0.				
	b Less: direct expenses	b	107.				
	c Net income or (loss) from fundraising events			-107.			-107.
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a MISCELLANEOUS REVENUE	900099		876.			876.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			876.			
	12 Total revenue See instructions.			5066756.	779,831.	0.	17,526.

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,499,187.	2,499,187.		
2 Grants and other assistance to individuals in the U.S See Part IV, line 22	1,519,295.	1,519,295.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	118,642.	34,170.	81,909.	2,563.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	248,201.	171,055.	77,062.	84.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,784.	9,273.	6,393.	118.
9 Other employee benefits	27,022.	26,180.	557.	285.
10 Payroll taxes	26,269.	15,434.	10,640.	195.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	20,477.	7,168.	13,309.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	8,285.	2,900.	5,385.	
12 Advertising and promotion	1,604.		1,604.	
13 Office expenses	60,570.	40,729.	12,354.	7,487.
14 Information technology				
15 Royalties				
16 Occupancy	46,633.	41,970.	4,663.	
17 Travel	39,642.	36,305.	3,277.	60.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,701.	3,161.	2,179.	13,361.
20 Interest	9,495.	8,546.	949.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	92,739.	83,465.	9,274.	
23 Insurance	18,098.	16,288.	1,810.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS EXPENSE	74,085.	43,791.	29,747.	547.
b CLUSTER EXPENSE	41,474.	41,474.		
c FREIGHT & STORAGE	19,166.	19,166.		
d REPACKING	4,635.	4,635.		
e				
f All other expenses	6,603.	4,176.	2,427.	
25 **Total functional expenses.** Add lines 1 through 24f	4,916,607.	4,628,368.	263,539.	24,700.
26 **Joint costs** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		60,033.	2	86,401.
	3	Pledges and grants receivable, net		7,480.	3	5,000.
	4	Accounts receivable, net		64,254.	4	58,799.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		548,429.	8	646,415.
	9	Prepaid expenses and deferred charges		9,951.	9	10,990.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,034,485.			
	b	Less. accumulated depreciation	10b 518,554.	1,480,507.	10c	1,515,931.
	11	Investments - publicly traded securities		140,316.	11	118,456.
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,310,970.	16	2,441,992.
Liabilities	17	Accounts payable and accrued expenses		71,227.	17	87,696.
	18	Grants payable			18	
	19	Deferred revenue		630.	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		138,100.	23	126,065.
	24	Unsecured notes and loans payable to unrelated third parties		25,000.	24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		234,957.	26	213,761.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,930,884.	27	2,207,533.
	28	Temporarily restricted net assets		145,129.	28	20,698.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,076,013.	33	2,228,231.
	34	Total liabilities and net assets/fund balances		2,310,970.	34	2,441,992.

Part XI Financial Statements and Reporting

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

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
SECOND HARVEST NORTH CENTRAL FOOD BANK	41-1782776

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 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,565,337.	3,857,074.	3,806,368.	3,634,378.	4,269,399.	19,132,556.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,565,337.	3,857,074.	3,806,368.	3,634,378.	4,269,399.	19,132,556.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						19,132,556.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,565,337.	3,857,074.	3,806,368.	3,634,378.	4,269,399.	19,132,556.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,098.	16,773.	6,885.	3,854.	2,616.	34,226.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	715.	731.	180.	741.	876.	3,243.
11 **Total support.** Add lines 7 through 10						19,170,025.
12 Gross receipts from related activities, etc. (see instructions)					12	4,485,623.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.80 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.76 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Provide any other additional information. See instructions

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SECOND HARVEST NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

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

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		85,480.		85,480.
b Buildings		1,564,131.	331,414.	1,232,717.
c Leasehold improvements				
d Equipment		384,874.	187,140.	197,734.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,515,931.

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1 (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,066,756.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,916,607.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	150,149.
4	Net unrealized gains (losses) on investments	4	2,069.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	2,069.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	152,218.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	5,068,291.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a	2,069.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	-534.		
e	Add lines 2a through 2d			2e	1,535.
3	Subtract line 2e from line 1			3	5,066,756.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	5,066,756.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	4,916,073.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	-534.		
e	Add lines 2a through 2d			2e	-534.
3	Subtract line 2e from line 1			3	4,916,607.
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 XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	4,916,607.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS (FUNDRAISING) EXPENSES: 107.

GAIN ON NON-MONETARY EXCHANGE (COPIER): -641.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS (FUNDRAISING) EXPENSES: 107.

GAIN ON NON-MONETARY EXCHANGE (COPIER): -641.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SECOND HARVEST NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILACA AREA PANTRY PO BOX 133 MILACA, MN 56353	41-1628297	501(C)(3)	0.	199,640.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
LAKES AREA FOOD SHELF PO BOX 724 NISSWA, MN 56468	41-1715784	501(C)(3)	0.	161,413.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
BRAINERD SA FOOD SHELF PO BOX 385 BRAINERD, MN 56401	41-0698597	501(C)(3)	0.	133,596.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
CUYUNA FOOD SHELF PO BOX 33 CROSBY, MN 56441	41-0846442	501(C)(3)	0.	129,140.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
WALKER FOOD SHELF PO BOX 1101 WALKER, MN 56484	41-1517569	501(C)(3)	0.	122,419.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
PRINCETON PANTRY 104 6TH AVE SOUTH PRINCETON, MN 55371	41-1589398	501(C)(3)	0.	109,697.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER

2 Enter total number of section 501(c)(3) and government organizations ▶ 67.

3 Enter total number of other organizations ▶ 0.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD FOR INDIGENTS	135128	0.	1,519,295.	AVG WHOLESALE VALUE	FOOD

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: SECOND HARVEST MONITORS THE FOOD THEY DISTRIBUTE TO AGENCIES BY THE USE OF ESTABLISHED MONTHLY SERVICE STATISTICS REPORTS. THE SERVICE STATISTICS REPORT REQUIRES ALL AGENCIES TO REPORT THE NUMBER OF HOUSEHOLDS AND INDIVIDUALS THAT COME INTO THEIR ORGANIZATION MONTHLY ALONG WITH THE POUNDAGE OF FOOD THAT WAS DISTRIBUTED. THE SECOND HARVEST OPERATIONS MANAGER ENSURES THAT THE SERVICE STATISTICS REFLECTING USAGE COMPARED TO THE POUNDAGE GOING OUT AT THE AGENCIES LOOKS REASONABLE AT LEAST QUARTERLY DURING THE YEAR.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
SECOND HARVEST NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEER RIVER FOOD SHELF PO BOX 2 DEER RIVER , MN 55721	41-1476506	501(C)(3)	0.	87,873.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
EMILY FOOD SHELF 42145 BIRCHWOOD DRIVE EMILY, MN 56447	41-1728508	501(C)(3)	0.	85,737.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
MORA FOOD PANTRY PO BOX 434 MORA, MN 55051	41-1457824	501(C)(3)	0.	80,791.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
INT'L FALLS HUNGER COALITION 1000 5TH STREET INTERNATIONAL FALLS, MN 56649	36-3602229	501(C)(3)	0.	76,265.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
CASS LAKE FOOD SHELF PO BOX 785 CASS LAKE, MN 56633	41-1822014	501(C)(3)	0.	76,076.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
LONGVILLE FOOD SHELF PO BOX 308 LONGVILLE, MN 56655	41-1817453	501(C)(3)	0.	69,919.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
BRAINERD FIRST BAPTIST CHURCH 7398 FAIRVIEW ROAD NW BAXTER, MN 56425	41-6029149	501(C)(3)	0.	62,092.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
CROSS LAKE FOOD SHELF 33253 MEZZENGA LANE CROSS LAKE, MN 56442	41-1397273	501(C)(3)	0.	58,922.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST LUTHERAN FOOD SHELF 107 SECOND ST SE AITKIN, MN 56431	41-0711461	501(C)(3)	0.	58,074.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
ONAMIA FOOD SHELF PO BOX 65 ONAMIA, MN 56359	41-1332828	501(C)(3)	0.	53,508.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
PINE RIVER/BACKUS FAMILY CENTER PO BOX 1 PINE RIVER , MN 56474	41-1851010	501(C)(3)	0.	48,258.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
GARRISON AREA CAREGIVERS PO BOX 336 GARRISON, MN 56450	20-2899659	501(C)(3)	0.	36,229.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
MCGREGOR FOODSHELF 45898 STATE HIGHWAY 65 MC GREGOR, MN 55760	41-1749827	501(C)(3)	0.	35,276.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
PINE RIVER FOOD SHELF PO BOX 282 PINE RIVER, MN 56474	41-1354442	501(C)(3)	0.	34,668.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
HILL CITY AREA FOOD SHELF PO BOX 437 HILL CITY , MN 55748	23-7154390	501(C)(3)	0.	33,664.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
HUNGER SOLUTIONS MINNESOTA 555 PARK STREET, SUITE 420 ST. PAUL, MN 55103	36-3567366	501(C)(3)	0.	31,815.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047
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SECOND HARVEST NORTH CENTRAL FOOD BANK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CAFE' PO BOX 5192 GRAND RAPIDS, MN 55744	20-1239743	501(C)(3)	0.	27,298.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
BOYS & GIRLS CLUB OF THE LLA PO BOX 817 CASS LAKE, MN 56633	41-1929446	501(C)(3)	0.	26,243.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
NORTHERN LAKES FOOD BANK 4803 AIR PARK BLVD DULUTH, MN 55811	36-3479964	501(C)(3)	0.	26,208.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
NORTHERN ITASCA FOOD SHELF 306 GOLF COURCE LANE #7 BIGFORK, MN 56628	36-3512185	501(C)(3)	0.	24,897.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
INT'L FALLS SA FOOD SHELF PO BOX 592 INTERNATIONAL FALLS, MN 56649	41-0698597	501(C)(3)	0.	24,118.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
SERENITY MANOR PO BOX 27 MORA, MN 55051	41-1239056	501(C)(3)	0.	23,990.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
REMER FOOD SHELF PO BOX 195 REMER, MN 56672	41-1484592	501(C)(3)	0.	23,516.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
SHARING BREAD SOUP KITCHEN 923 OAK STREET BRAINERD, MN 56401	41-1634222	501(C)(3)	0.	23,211.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER

SCHEDULE I-1
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Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
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Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OGILVIE FOOD SHELF PO BOX 117 OGILVIE, MN 56358	41-1937148	501(C)(3)	0.	21,023.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
MN TEEN CHALLENGE 2424 BUSINESS 371 BRAINERD, MN 56401	41-1517351	501(C)(3)	0.	20,421.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
PILLAGER FOOD SHELF 305 FIR AVE WEST PILLAGER, MN 56473	41-1811057	501(C)(3)	0.	20,189.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
MILLE LACS ACADEMY 100 CROSIER DRIVE SUITE 1 ONAMIA , MN 56359	41-1419064	501(C)(3)	0.	19,814.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
QUAMBA FOOD SHELF 26340 WHITED AVE BROOK PARK, MN 55007	41-1425217	501(C)(3)	0.	16,456.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
NORTHOME FOOD SHELF PO BOX 236 NORTHOME, MN 56661	41-1509377	501(C)(3)	0.	15,321.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
YMCA-BRUCE BAUER CENTER 400 RIVER ROAD GRAND RAPIDS, MN 55744	41-1358634	501(C)(3)	0.	14,600.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
GRAND RAPIDS SALVATION ARMY 20734 HIGHWAY 169 SOUTH GRAND RAPIDS, MN 55744	41-0698597	501(C)(3)	0.	14,176.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
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Name of the organization
SECOND HARVEST NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACOBSON COMMUNITY FOOD SHELF PO BOX 616 JACOBSON, MN 55752	41-1461906	501(C)(3)	0.	14,068.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
ISLE AREA FOOD SHELF PO BOX 675 ISLE, MN 56342	41-1556337	501(C)(3)	0.	13,958.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
NORTHLAND COUNSELING-MAPLEWOOD 402 SE 13TH STREET GRAND RAPIDS, MN 55744	41-0859738	501(C)(3)	0.	13,571.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
ELIM NURSING HOME-PRINCETON 701 1ST STREET PRINCETON, MN 55371	41-1539761	501(C)(3)	0.	13,094.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
NORTHLAND COUNSELING FOSTER CA 1307 POKEGAMA AVE SOUTH GRAND RAPIDS, MN 55744	41-0859738	501(C)(3)	0.	12,836.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
LITTLE SAND GROUP HOME PO BOX 40 REMER, MN 56672	41-1725976	501(C)(3)	0.	12,477.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
WARBA/GOODLAND FOOD SHELF 130 BRIDGE STREET - FS WARBA, MN 55793	41-1698640	501(C)(3)	0.	11,553.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
NORTH HOMES INC. 1880 RIVER ROAD GRAND RAPIDS, MN 55744	41-1682025	501(C)(3)	0.	11,204.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
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Name of the organization
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41-1782776

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CARE-N-SHARE 40141 STATE HWY 6 EMILY, MN 56447	41-1479290	501(C)(3)	0.	11,069.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
THE WAREHOUSE PO BOX 195 PINE RIVER, MN 56474	41-1303842	501(C)(3)	0.	10,953.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
LSS GARLAND 1060 SW 1ST STREET GRAND RAPIDS, MN 55744	41-1568278	501(C)(3)	0.	10,515.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
NORTHLAND RECOVERY CENTER 1215 SOUTHEAST 7TH AVE GRAND RAPIDS, MN 55744	41-0859738	501(C)(3)	0.	9,980.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
HOPE HOUSE 604 SOUTH POKEGAMA AVE GRAND RAPIDS, MN 55744	36-3415460	501(C)(3)	0.	9,422.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
YMCA-WEEFOLKS 400 RIVER ROAD GRAND RAPIDS, MN 55744	41-1358634	501(C)(3)	0.	9,160.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
OPEN HANDS OPEN HEART 211 1ST STREET NASHWAUK, MN 55769	41-0726157	501(C)(3)	0.	8,576.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
NORTHLAND COUNSELING - SYLVAN BAY 901 4TH STREET SW GRAND RAPIDS, MN 55744	41-8597638	501(C)(3)	0.	8,576.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009
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Name of the organization
SECOND HARVEST NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOOTASCA HEAD START FOOD SERVICE 1213 SE SECOND AVE GRAND RAPIDS, MN 55744	41-0904805	501(C)(3)	0.	8,506.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
CHILDREN'S MENTAL HEALTH 35382 US HIGHWAY 2 GRAND RAPIDS, MN 55744	41-1742282	501(C)(3)	0.	8,114.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
LSS-WALKER NUTRITION CENTER PO BOX 867 WALKER, MN 56484	41-0872993	501(C)(3)	0.	7,475.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
VOA - VILLA 105 VILLA DRIVE MORA , MN 55051	13-1692595	501(C)(3)	0.	7,188.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
AEOA-AITKIN 215 3RD STREET SE AITKIN, MN 56431	41-6052144	501(C)(3)	0.	7,173.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
NORTHLAND AREA FAMILY CENTER PO BOX 308 LONGVILLE, MN 56655	41-1851016	501(C)(3)	0.	7,042.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
RIVERVIEW CHURCH PO BOX 195 PINE RIVER, MN 56474	41-1303842	501(C)(3)	0.	6,190.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
LSS - BASSWOOD HOUSE 8049 BASSWOOD ROAD BAXTER, MN 56425	41-0872993	501(C)(3)	0.	5,953.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
SECOND HARVEST NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION CONGRETIONAL CHURCH 5074 LOWER TEN MILE LAKE ROAD NW HACKENSACK, MN 56452	41-0757868	501(C)(3)	0.	5,877.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
AITKIN COMMUNITY MEAL 204 1ST STREET NW AITLIN, MN 56431	41-1682641	501(C)(3)	0.	5,377.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
LSS-GLENWOOD SLS 2495 GLENWOOD DRIVE GRAND RAPIDS, MN 55744	41-1568278	501(C)(3)	0.	5,336.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
EVERGREEN RECOVERY HOUSE PO BOX 662 BEMIDJI, MN 56619	41-1297737	501(C)(3)	0.	5,238.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER
NEW TRAILS GROUP HOME 312 SOUTH ELM STREET ONAMIA, MN 56359	41-1419064	501(C)(3)	0.	5,215.	AVG. WHOLESALE VALUE	FOOD	TO END HUNGER

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: SECOND HARVEST NORTH CENTRAL FOOD BANK

Employer identification number: 41-1782776

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	27	3,410,636.	AVG WHOLESALE VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment	29	0	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information

SCHEDULE M, PART I, COLUMN (B): THERE WERE 27 CONTRIBUTORS OF FOOD INVENTORY IN 2009.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: SECOND HARVEST NORTH CENTRAL FOOD BANK

Employer identification number: 41-1782776

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

DONATED TIME TO SECOND HARVEST FODD BANK OPERATONS EVERY YEAR.

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

ITASCA HOLIDAY PROGRAM:

THE ITASCA HOLIDAY PROGRAM PROVIDES HOLIDAY BOXES AND GIFTS FOR CHILDREN IN LOW-INCOME HOUSEHOLDS IN ITASCA COUNTY AND HILL CITY. SIMILAR TO A HOLIDAY CLEARING BUREAU, THE PROGRAM PROVIDES COMPREHENSIVE, NON-DUPLICATIVE, COMMUNITY SUPPORTED HELP TO NEEDY FAMILIES DURING THE HOLDAYS. VOLUNTEERS PACKED AND DISTRIBURED 1,700 FOOD BOXES AND DONATED GIFITS WERE GIVEN TO 1,865 CHILDREN IN 2009.

EXPENSES: $118,996 INCLUDING GRANTS OF: $0 REVENUES: $99,294

KIDS PACK TO GO BACKPACK PROGRAM:

KIDS PACK MEAL SACKS ARE DISTRIBUTED THROUGH 17 ELEMENTARY SCHOOLS TO OVER 1,400 CHILDREN EACH MONTH. KID FRIENDLY, NON-PERISHABLE FOOD IS SENT HOME WITH CHILDREN BY SCHOOL STAFF WHO DETERMINE STUDENTS WHICH MAY BE AT RISK OF HUNGER OVER LONG WEEKENDS OR SCHOOL VACATIONS. IN 2009, 13,770 PACKS WERE DISTRIBUTED TO NEEDY SCHOOL CHILDREN.

EXPENSES: $33,741 INCLUDING GRANTS OF: $16,300 REVENUES: $26,857

EXPENSES $ 152737. INCLUDING GRANTS OF $ 16300. REVENUE $ 126151.

FORM 990, PART VI, SECTION B, LINE 11: OFFICERS AND THE BOARD PRESIDENT REVIEW PRIOR TO FILING. BOARD MEMBERS REVIEW AN OVERHEAD PRESENTATION AT A BOARD MEETING. BOARD MEMBERS ARE PROVIDED A PRINTED COPY OF THE 990 AT THE MEETING AND CAN DOWNLOAD IT FROM ORGANIZATION'S WEBSITE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

SECOND HARVEST NORTH CENTRAL FOOD BANK

Employer identification number

41-1782776

FORM 990, PART VI, SECTION B, LINE 12C: EACH EMPLOYEE AND BOARD MEMBER SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE EMPLOYEE OR BOARD MEMBER IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST OCCURRING.

SUCH RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE SERVICE AS A DIRECTOR OF OR CONSULTANT TO A NONPROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO SECOND HARVEST NORTH CENTRAL FOOD BANK. ANY SUCH INFORMATION REGARDING BUSINESS INTERESTS OF AN EMPLOYEE, BOARD MEMBER OR A FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE EXECUTIVE DIRECTOR, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST.

EMPLOYEES, WHO HAVE A CONFLICT OF INTEREST THAT IS NOT SUBJECT TO BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO THE CHAIR OR THE CHAIR'S DESIGNEE ANY CONFLICT OF INTEREST. IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXITS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO THE CHAIR AND THE CHAIR'S DESIGNEE, WHO SHALL DETERMINE WHETHER THERE EXISTS A CONFLICT OF INTEREST THAT IS SUBJECT TO THE ESTABLISHED SECOND HARVEST CONFLICT OF INTEREST POLICY.

PRIOR TO BOARD OR COMMITTEE ACTION INVOLVING A CONFLICT OF INTEREST, A BOARD MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO

THE CONFLICT OF INTEREST. THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15: THE SECOND HARVEST NORTH CENTRAL FOOD BANK HAS IN PLACE SALARY RANGES FOR ALL EMPLOYEES BASED ON INFORMATION FROM THE FEEDING AMERICA NETWORK ACTIVITY REPORT UPDATED ANNUALLY WITH INPUT FROM THE FEEDING AMERICA FOOD BANK MEMBERS. SECOND HARVEST NORTH CENTRAL FOOD BANK ALSO BELONGS TO THE MINNESOTA COUNCIL OF NONPROFITS (MCN) AND PARTICIPATES IN THE ANNUAL SALARY SURVEY CONDUCTED BY MCN AND PUBLISHED FOR USE BY ITS MEMBERS. THESE TWO SOURCES ARE USED TO SET ANNUAL SALARY RANGES FOR ALL FOOD BANK STAFF, INCLUDING THE EXECUTIVE DIRECTOR.

THE SUPPORTING DOCUMENTS FROM THE NAR AND THE MCN SALARY SURVEY ARE PROVIDED TO THE BOARD PRESIDENT AND PERSONNEL COMMITTEE. THE BOARD USES THE INFORMATION TO SET THE SALARY FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR USES THE INFORMATION TO SET THE SALARIES OF THE REST OF THE EMPLOYEES.

THE PROCESS AND COMPENSATION DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED AND INCLUDE REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION IN 2010.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

Form **8868** (Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	SECOND HARVEST NORTH CENTRAL FOOD BANK	41-1782776
	Number, street, and room or suite no If a P O. box, see instructions. 2222 CROMELL DRIVE P.O. BOX 5130	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GRAND RAPIDS, MN 55744	

Check type of return to be filed (file a separate application for each return).

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ ALICE SVIGEL 2222 CROMELL DR. - GRAND RAPIDS, MN 55744
  Telephone No ▶ 218-326-4420 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.