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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
SECOND HARVEST NORTHERN LAKES FOOD BANK

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4503 AIR PARK BLVD

City or town, state or country, and ZIP + 4
DULUTH, MN 55811

D Employer identification number
36-3479964

E Telephone number
(218)727-5653

G Gross receipts $ 7,452,154

F Name and address of principal officer
MYRNA WELLS-ULLAND
4503 AIR PARK BLVD
DULUTH,MN 55811

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶

L Year of formation 1983

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FEED NE MINNESOTA AND NW WISCONSIN'S HUNGRY BY RESCUING AND DISTRIBUTING FOOD AND ENGAGING OUR REGION IN OUR FIGHT AGAINST HUNGER

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

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**	12
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	19
6	Total number of volunteers (estimate if necessary)	**6**	612
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,998,949	6,577,585
9	Program service revenue (Part VIII, line 2g)	769,197	839,886
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,214	22,933
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,188	949
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,868,548	7,441,353
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	6,159,192
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	434,528	465,501
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶47,886		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,924,855	494,695
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,359,383	7,119,388
19	Revenue less expenses Subtract line 18 from line 12	509,165	321,965

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,630,155	4,634,317
21	Total liabilities (Part X, line 26)	677,997	503,655
22	Net assets or fund balances Subtract line 21 from line 20	3,952,158	4,130,662

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

****** | 2012-06-26
Signature of officer | Date

MYRNA WELLS-ULLAND BOARD CHAIR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: JULIE BOYER | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P01278549

Firm's name (or yours if self-employed), address, and ZIP + 4: MCGLADREY LLP, 227 W FIRST ST STE 700, DULUTH, MN 558021919 | EIN ▶ 42-0714325 | Phone no ▶ (218) 727-8253

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

RESCUE AND DISTRIBUTION OF FOOD TO NE MN AND NW WI NON-PROFIT PROGRAMS AND RESIDENTS IN NEED

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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

4a (Code) (Expenses $ 6,925,743 including grants of $) (Revenue $ 839,886)

SECOND HARVEST NORTHERN LAKES FOOD BANK RESCUED 4 1 MILLION POUNDS OF FOOD AND GROCERY PRODUCT FROM NATIONAL AND REGIONAL MANUFACTURERS, WHOLESALERS, RETAILERS AND GROWERS FOR DISTRIBUTION TO OVER 200 NON-PROFIT PROGRAMS (SOUP KITCHENS, FOOD SHELVES, AND OTHER CHARITABLE PROGRAMS) AS WELL AS IN-NEED PEOPLE DIRECTLY THROUGHOUT NE MINNESOTA (ST LOUIS, CARLTON, LAKE AND COOK COUNTIES) AND NW WISCONSIN (DOUGLAS, BAYFIELD, ASHLAND AND IRON COUNTIES) WE ACCOMPLISHED THIS UTILIZING 11,412 HOURS OF VOLUNTEER SERVICE (THE EQUIVALENT OF 5 5 FULL-TIME POSITIONS) FROM OVER 600 VOLUNTEERS WHICH SAVES OUR FOOD BANK OVER $125,000 IN STAFF EXPENSE IN ALL, OUR FOOD BANK DISTRIBUTED 4 1 MILLION POUNDS OF FOOD, OR ENOUGH FOOD FOR 3 3 MILLION MEALS, WHICH FED APPROXIMATELY 43,000 NORTHLAND RESIDENTS IN NEED

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 6,925,743

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	0		
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**		
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**	19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**		No
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
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 or securities account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
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**		No
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**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

SHAYE J MORIS
4503 AIR PARK BLVD
DULUTH, MN 55811
(218) 727-5653

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBYN CADIGAN BOARD CHAIR	1 00	X		X				0	0	0
(2) MYRNA WELLS-ULLAND VICE CHAIR	1 00	X		X				0	0	0
(3) JOHN GASELE SECRETARY	1 00	X		X				0	0	0
(4) MICHAEL GAY TREASURER	1 00	X		X				0	0	0
(5) MARK BRANOVAN BOARD	1 00	X						0	0	0
(6) JULIE FEIRING BOARD	1 00	X						0	0	0
(7) MONICA HENDRICKSON BOARD	1 00	X						0	0	0
(8) WAYNE KNUTH BOARD	1 00	X						0	0	0
(9) MATTHEW MINER BOARD	1 00	X						0	0	0
(10) WADE PETRICH BOARD	1 00	X						0	0	0
(11) ROGER SKRABA BOARD	1 00	X						0	0	0
(12) REBA RICE BOARD	1 00	X						0	0	0
(13) BRIANA VON ELBE BOARD	1 00	X						0	0	0
(14) JUDITH VAN DELL BOARD	1 00	X						0	0	0
(15) SARAH BENNING BOARD	1 00	X						0	0	0
(16) SHAYE J MORIS EXECUTIVE DIRECTOR	40 00			X				84,028	0	4,110

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								84,028	0	4,110

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 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*	**3**		No
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*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 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				
	b	Membership dues 1b				
	c	Fundraising events 1c 75,427				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 6,502,158				
	g	Noncash contributions included in lines 1a-1f $ 5,755,031				
	h	**Total.** Add lines 1a-1f . . . . . ▶	6,577,585			
Program Service Revenue		Business Code				
	2a	FOOD/SHARED MAINTENANC	624200	831,207	831,207	
	b	MEMBERSHIP DUES	624200	8,679	8,679	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	839,886			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	22,933			22,933
	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				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ 75,427 of contributions reported on line 1c) See Part IV, line 18 . . . a 11,750				
	b	Less direct expenses . . . b 10,801				
	c	Net income or (loss) from fundraising events . . ▶	949			949
	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					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	7,441,353	839,886	0	23,882

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	5,120,753	5,120,753		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,038,439	1,038,439		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	88,138	67,425	17,016	3,697
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	316,696	242,271	61,143	13,282
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	31,507	24,103	6,081	1,323
10	Payroll taxes	29,160	22,307	5,628	1,225
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	10,043	8,034	2,009	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion	3,250	2,656	594	
13	Office expenses	86,926	45,360	13,207	28,359
14	Information technology	15,825	12,660	3,165	
15	Royalties . .				
16	Occupancy	53,963	48,567	5,396	
17	Travel	8,781	7,869	912	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,063	4,198	865	
20	Interest	22,801		22,801	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	121,472	121,472		
23	Insurance	28,581	23,408	5,173	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD TRANSPORTATION & S	112,169	112,169		
b	REPAIRS AND MAINTENANCE	13,136	13,058	78	
c	BANK CHARGES	6,321	5,057	1,264	
d	MISCELLANEOUS	3,578	3,548	30	
e					
f	All other expenses	2,786	2,389	397	
25	**Total functional expenses.** Add lines 1 through 24f	7,119,388	6,925,743	145,759	47,886
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		106,092	1	57,249
	2	Savings and temporary cash investments		463,645	2	577,299
	3	Pledges and grants receivable, net		3,412	3	
	4	Accounts receivable, net		42,389	4	68,608
	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		983,319	8	898,049
	9	Prepaid expenses and deferred charges		2,922	9	5,853
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,087,217			
	b	Less accumulated depreciation	10b 761,004	2,408,137	10c	2,326,213
	11	Investments—publicly traded securities		620,239	11	610,828
	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		0	15	90,218
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,630,155	16	4,634,317
Liabilities	17	Accounts payable and accrued expenses		20,492	17	52,294
	18	Grants payable			18	
	19	Deferred revenue		25	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		657,480	23	451,361
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		677,997	26	503,655
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,878,741	27	4,040,444
	28	Temporarily restricted net assets			28	6,705
	29	Permanently restricted net assets		73,417	29	83,513
		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		3,952,158	33	4,130,662
	34	Total liabilities and net assets/fund balances		4,630,155	34	4,634,317

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	7,441,353
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,119,388
3	Revenue less expenses Subtract line 2 from line 1	3	321,965
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,952,158
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-143,461
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,130,662

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number
36-3479964

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 **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 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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	564,159	4,705,441	4,443,815	6,007,939	6,577,585	22,298,939
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	548,126	624,061	747,719	760,207	839,886	3,519,999
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	1,112,285	5,329,502	5,191,534	6,768,146	7,417,471	25,818,938
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						25,818,938

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	1,112,285	5,329,502	5,191,534	6,768,146	7,417,471	25,818,938
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,379		17,448	22,214	22,933	84,974
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	22,379		17,448	22,214	22,933	84,974
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	53,402	68,161	78,754	78,188	949	279,454
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)	1,188,066	5,397,663	5,287,736	6,868,548	7,441,353	26,183,366

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98 610 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	95 100 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	0 320 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 700 %

19a **33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-3479964
Name: SECOND HARVEST NORTHERN LAKES FOOD BANK

Form 990, Special Condition Description:

Special Condition Description

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number
36-3479964

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 may 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 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 the 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 Investment earnings or 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		44,313		44,313
b Buildings		2,428,981	372,065	2,056,916
c Leasehold improvements		23,252	6,218	17,034
d Equipment		590,671	382,721	207,950
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,326,213

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should 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. *(Column (b) should 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) should 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) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,441,353
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,119,388
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	321,965
4	Net unrealized gains (losses) on investments	4	16,307
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-159,768
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-143,461
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	178,504

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	7,457,660
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	16,307		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	16,307
3	Subtract line **2e** from line **1**			3	7,441,353
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 should equal Form 990, Part I, line 12)			5	7,441,353

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

1	Total expenses and losses per audited financial statements			1	7,119,388
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			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	7,119,388
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 should equal Form 990, Part I, line 18)			5	7,119,388

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	NOT-FOR-PROFIT ORGANIZATIONS MAY BECOME SUBJECT TO INCOME TAXES IF QUALIFICATION AS A TAX-EXEMPT ENTITY CHANGES, IF UNRELATED BUSINESS INCOME IS GENERATED, AND IN CERTAIN OTHER INSTANCES NOT-FOR-PROFIT ORGANIZATIONS ARE REQUIRED TO ASSESS THE CERTAINTY OF THEIR TAX POSITIONS RELATED TO THESE MATTERS AND, IN SOME CASES, RECORD LIABILITIES FOR POTENTIAL TAXES, INTEREST AND PENALTIES ACCOMPANIED BY FOOTNOTE DISCLOSURES SHNLFB HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE THE ACCRUAL OF AN INCOME TAX PROVISION

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number
36-3479964

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 EMPTY BOWL (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	87,177			87,177
	2 Less Charitable contributions	75,427			75,427
	3 Gross income (line 1 minus line 2)	11,750			11,750
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,801			10,801
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(10,801)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				949

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number
36-3479964

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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 . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 91

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

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 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
(1) DISTRIBUTION OF COMMODITY FOODS TO MOTHERS, CHILDREN AND SENIORS	9323		643,527	FMV	COMMODITY FOODS
(2) DISTRIBUTION OF DONATED, WHOLESALE AND COMMODITY FOODS TO PEOPLE IN NEED	1561		394,912	FMV	DONATED, WHOLESALE AND COMMODITY FOODS

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AS GRANTS ARE RECEIVED, OUR FOOD BANK CLOSELY MONITORS THE EXPENSE AND PROGRAM CONTENT RELATED TO EACH GRANT THIS INVOLVES REPORT COMPILATION UTILIZING OUR FOOD BANK'S INVENTORY AND ACCOUNTING SOFTWARE THIS INFORMATION IS REVIEWED INTERNALLY AND REPORTED TO OUR GRANT FUNDERS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-3479964
Name: SECOND HARVEST NORTHERN LAKES FOOD BANK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
APPLE TREE LEARNING CENTER 409 1ST STREET NORTH VIRGINIA,MN 55792	41-1515081	501(C)(3)		13,076	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
AURORA BIWABIK FOOD SHELF19 W 3RD AVENUE NORTH AURORA,MN 55705	41-6052144	501(C)(3)		27,617	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BARNES FOOD PANTRY3200 COUNTY ROAD N BARNES,WI 54873	39-1456203	501(C)(3)		25,704	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BAYFIELD AREA FOOD PANTRYPO BOX 729 BAYFIELD,WI 54814	56-2618057	501(C)(3)		35,634	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BETHANY CRISIS SHELTER LSS9239 IDAHO STREET DULUTH,MN 55807	41-0872993	501(C)(3)		33,932	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BOY'S & GIRL'S CLUB GOLDBERG 120 S 30TH AVENUE W DULUTH,MN 55806	41-0969947	501(C)(3)		10,327	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BOYS & GIRLS CLUB LAKE VERMILIONPO BOX 16435 DULUTH,MN 55816	41-0969947	501(C)(3)		5,945	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BOYS & GIRLS CLUB LINCOLN PARKPO BOX 16435 DULUTH,MN 55816	41-0969947	501(C)(3)		18,886	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BOY'S & GIRL'S CLUB NETT LAKE PO BOX 16435 DULUTH,MN 55816	41-0969947	501(C)(3)		5,260	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BOYS & GIRLS CLUB SUPERIORPO BOX 16435 DULUTH,MN 55816	41-0969947	501(C)(3)		11,571	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CARLTON YOUTH SHELTER LSS531 SLATE STREET CLOQUET,MN 55720	41-0872993	501(C)(3)		9,487	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CENTER CITY HOUSING105 1/2 W 1ST ST DULUTH,MN 55802	36-3485584	501(C)(3)		30,762	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHALLENGE CENTER39 N 25TH STREET E SUPERIOR,WI 54880	39-1658019	501(C)(3)		80,143	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHAMPION LIFE BENJAMIN HOUSE 1084 - 87TH AVENUE W DULUTH,MN 55816	26-2704606	501(C)(3)		7,628	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHICAGAMI CHILDREN'S CENTER702 ROOSEVELT EVELETH,MN 55734	41-1540311	501(C)(3)		13,217	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHISHOLM FOOD SHELF10 CENTRAL AVENUE NORTH CHISHOLM,MN 55719	41-6052144	501(C)(3)		69,213	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHUM DROP IN125 N 1ST AVE WEST DULUTH,MN 55802	41-1227969	501(C)(3)		222,845	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHUM FOOD SHELF 120 N 1ST AVENUE WEST DULUTH,MN 55802	41-1227969	501(C)(3)		164,539	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CLOQUET SALVATION ARMY 316 CARLTON AVENUE CLOQUET,MN 55720	41-0698597	501(C)(3)		74,705	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CONCERNED CITIZENS FOOD SHELF434 PINEMILL COURT VIRGINIA,MN 55792	43-2038186	501(C)(3)		53,603	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COOK COMMUNITY FOOD SHELFPO BOX 633 124 - 5TH ST SE COOK,MN 55723	41-0908605	501(C)(3)		144,718	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
COPELAND VALLEY YOUTH CENTER720 N CENTRAL AVENUE DULUTH,MN 55807	41-0850223	501(C)(3)		6,924	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
COVENANT PARK BIBLE CAMP201 E 1ST STREET DULUTH,MN 55802	41-1411768	501(C)(3)		24,960	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DAMIANO OF DULUTH206 W 4TH STREET DULUTH,MN 55806	41-1453521	501(C)(3)		95,710	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC DANIELS4824 DANIELS ROAD DULUTH,MN 55811	41-0965828	501(C)(3)		7,326	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC TRIGGS3010 BERKELEY ROAD DULUTH,MN 55811	41-0965828	501(C)(3)		6,071	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC TRIPLEX420 EAST MCCUEN STREET DULUTH,MN 55808	41-0965828	501(C)(3)		18,027	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC WOODLAND 430 W FARIBAULT STREET DULUTH,MN 55803	41-0965828	501(C)(3)		11,920	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DULUTH SALVATION ARMY215 S 27TH AVENUE WEST DULUTH,MN 55806	41-0698597	501(C)(3)		434,194	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
ELIJAH'S PANTRY501 - 7TH AVENUE TWO HARBORS,MN 55616	41-0907044	501(C)(3)		32,355	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
ELY FOOD SHELF AEOAPO BOX 786 40 N 1ST AVE E ELY,MN 55731	41-6052144	501(C)(3)		159,521	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FAMILY RESOURCE CENTER LSS507 - 9TH AVE SOUTH VIRGINIA,MN 55792	41-0872993	501(C)(3)		8,796	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FLOODWOOD FOOD SHELF AEOA601 ASH STREET FLOODWOOD,MN 55736	41-1296075	501(C)(3)		22,519	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FLOODWOOD SERVICES & TRAINING601 ASH STREET FLOODWOOD,MN 55736	41-1296075	501(C)(3)		8,817	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FRESHWATER VINEYARD603 FAXON STREET SUPERIOR,WI 54880	16-1696730	501(C)(3)		25,284	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FRUIT OF THE VINE - VINEYARD1533 ARROWHEAD ROAD DULUTH,MN 55811	41-1680001	501(C)(3)		260,965	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
GRAND MARAIS FOOD SHELF AEOA PO BOX 95 GRAND MARAIS,MN 55604	41-6052144	501(C)(3)		54,302	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
GRANT COMMUNITY COLLABORATIVE108 EAST 6TH STREET DULUTH,MN 55805	41-2002724	501(C)(3)		9,158	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
HDC FAXON HOUSE PO BOX 878 SUPERIOR,WI 54880	41-0777937	501(C)(3)		16,073	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
HDC HARMONY CLUB 1730 E SUPERIOR STREET DULUTH,MN 55812	41-0777937	501(C)(3)		12,348	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

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HDC OUTREACH CENTER25 - 10TH ST CLOQUET,MN 55720	41-0777937	501(C)(3)		7,248	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
HERMANTOWN FOOD SHELF5028 MILLER TRUNK HIGHWAY HERMANTOWN,MN 55811	36-3479964	501(C)(3)		19,537	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
HIBBING FOOD SHELF1910 1/2 1ST AVENUE HIBBING,MN 55746	75-3132034	501(C)(3)		380,426	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
HIBBING PARENTS NURSERY SCHOOL 2810 DIANE LANE SUITE 2 HIBBING,MN 55746	41-0908427	501(C)(3)		7,606	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
HIBBING SALVATION ARMY107 W HOWARD STREET HIBBING,MN 55746	41-0698597	501(C)(3)		258,775	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
IRON COUNTY FOOD PANTRY72 MICHIGAN AVENUE MONTREAL,WI 54550	26-1879371	501(C)(3)		56,423	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
IRON RIVER RURAL CARE & SHARE68160 S GEORGE STREET IRON RIVER,WI 54847	39-1460868	501(C)(3)		43,437	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
KIDDY KAROUSEL 3920 13TH AVENUE EAST HIBBING,MN 55746	41-1236276	501(C)(3)		10,586	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
LIFE HOUSE102 W 1ST STREET DULUTH,MN 55802	41-1704840	501(C)(3)		28,640	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
MEN'S INDEPENDENT LIVING4210 ST JAMES AVENUE DULUTH,MN 55803	41-0693848	501(C)(3)		7,625	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
MESABI ACADEMY 200 WANLESS STREET BUHL,MN 55713	41-1904179	501(C)(3)		58,179	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
MN TEEN CHALLENGE CENTER2 EAST SECOND STREET DULUTH,MN 55802	41-1517351	501(C)(3)		45,255	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
MOOSE LAKE FOOD SHELF409 1/2 4TH STREET MOOSE LAKE,MN 55767	80-0642004	501(C)(3)		91,950	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
NEIGHBORHOOD YOUTH SERVICES 310 N FIRST AVE W DULUTH,MN 55806	41-0693848	501(C)(3)		7,807	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
PROCTOR FOOD SHELF AEOA415 2ND STREET PROCTOR,MN 55810	41-6052144	501(C)(3)		24,581	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
QUAD CITY FOOD SHELF AEOA3 SOUTH BROADWAY GILBERT,MN 55741	41-6052144	501(C)(3)		182,991	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RED CLIFF FIRST PREVENTION FOOD SHELF88385 PIKE ROAD HWY 13 BAYFIELD,WI 54814	39-1178866	501(C)(3)		15,958	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RIVER CHURCH1902 E 4TH STREET DULUTH,MN 55812	41-0911367	501(C)(3)		23,928	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RMH - CSP FOOD SHELF504 1ST STREET NORTH VIRGINIA,MN 55792	41-0849301	501(C)(3)		22,911	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RMH ADAPT CHILD VIRGINIA504 N 1ST STREET VIRGINIA,MN 55792	41-0849301	501(C)(3)		14,681	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

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RMH CSP ONSITE PROGRAM504 1ST STREET NORTH VIRGINIA,MN 55792	41-0849301	501(C)(3)		50,437	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RMH MERRITT HOUSEPO BOX 1188 VIRGINIA,MN 55792	41-0849301	501(C)(3)		13,681	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RMH NORMA'S PLACE3203 WEST 3RD AVENUE HIBBING,MN 55746	41-0849301	501(C)(3)		17,383	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RMH TREATMENT CENTER626 S 13TH STREET VIRGINIA,MN 55792	41-0849301	501(C)(3)		27,620	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RSI BAILEY HOUSE 910 - 5TH AVENUE SOUTH VIRGINIA,MN 55792	41-1296663	501(C)(3)		5,553	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RSI BRAY HOUSE 120 - 3RD AVENUE N BIWABIK,MN 55708	41-1296663	501(C)(3)		20,075	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RSI BROOKSTON 9545 MCCAMUS ROAD BROOKSTON,MN 55711	41-1296663	501(C)(3)		6,027	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RSI ENDION EAST 1221 N BASSWOOD AVENUE DULUTH,MN 55811	41-1296663	501(C)(3)		6,745	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RSI HARVEY HOUSE2534 HARVEY STREET DULUTH,MN 55811	41-1296663	501(C)(3)		7,181	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RSI LILLIAN2601 MORRIS THOMAS ROAD DULUTH,MN 55811	41-1296663	501(C)(3)		6,909	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RURAL CARE & SHARE FOOD SHELF9545 E HIGHWAY 2 POPLAR,WI 54864	39-1460868	501(C)(3)		57,672	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
SAFE HAVEN SHELTERPO BOX 3558 DULUTH,MN 55812	41-1317462	501(C)(3)		83,738	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
SILVER BAY FOOD SHELF AEOA99 EDISON BOULEVARD SILVER BAY,MN 55614	41-6052144	501(C)(3)		12,574	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
SUPERIOR SALVATION ARMY 916 HUGHITT AVENUE SUPERIOR,WI 54880	36-2167910	501(C)(3)		247,401	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
THE BRICK420 ELLIS AVENUE ASHLAND,WI 54806	61-1536545	501(C)(3)		243,340	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
TOWER FOOD SHELF AEOAPO BOX 463 TOWER,MN 55790	41-6052144	501(C)(3)		31,100	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
TRI COMMUNITY FOOD SHELF5597 HIGHWAY 210 CROMWELL,MN 55798	26-4571237	501(C)(3)		88,845	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
TWELFTH STEP HOUSE512 N 2ND STREET VIRGINIA,MN 55792	41-0004256	501(C)(3)		6,392	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
TWO HARBORS FOOD SHELF AEOA 2124 - 10TH STREET AEOA BUILDING TWO HARBORS,MN 55616	41-6052144	501(C)(3)		89,875	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
UNION GOSPEL MISSION219 E 1ST STREET DULUTH,MN 55802	41-0724066	501(C)(3)		306,879	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

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UNITED WAY NE MN BACKPACK PROGRAM229 W LAKE STREET CHISHOLM,MN 55719	41-0908454	501(C)(3)		8,472	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
UNITED WAY SUPERIOR BACKPACK PROGRAM3701 TOWER AVENUE SUPERIOR,WI 54880	39-6084805	501(C)(3)		8,010	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
VIRGINIA SALVATION ARMY 507 12TH AVENUE WEST VIRGINIA,MN 55792	41-0698597	501(C)(3)		55,310	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
WOMEN'S HEALTH CENTER FACT32 E 1ST STREET DULUTH,MN 55803	41-1444270	501(C)(3)		8,849	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
WOODLAND HILLS 4321 ALLENDALE AVENUE DULUTH,MN 55803	41-0693848	501(C)(3)		27,562	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
YWCA OF DULUTH 411 N 57TH AVENUE W DULUTH,MN 55805	41-0696493	501(C)(3)		8,741	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC MANUMIT 204 - 206 S 21ST AVENUE E DULUTH,MN 55812	41-0965828	501(C)(3)		5,952	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC MERRITT 4130 W 8TH STREET DULUTH,MN 55807	41-0965828	501(C)(3)		5,153	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC NOUMENON 552 ANDERSON ROAD DULUTH,MN 55811	41-0965828	501(C)(3)		6,241	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC ONEOTA4 N 59TH AVENUE W 302 DULUTH,MN 55807	41-0965828	501(C)(3)		5,560	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC THALASSIC 1815 HWY 61 EAST TWO HARBORS,MN 55616	41-0965828	501(C)(3)		5,110	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number
36-3479964

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MATTHEW MINER	BOARD MEMBER	149,780	WHOLE FOOD PURCHASING		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

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Name of the organization
SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number
36-3479964

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	3,466,886	5,755,031	ANNUAL VALUATION STUDY
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	POUNDS OF FOOD

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number
36-3479964

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE BOARD REVIEWS AND APPROVES THE 990 PRIOR TO ITS FILING
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ANNUALLY REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY THE STAFF POLICY IS WITHIN THE EMPLOYEE HANDBOOK, IS REVIEWED AND THE HANDBOOK ACKNOWLEDGEMENT IS SIGNED ALL ARE ON FILE AT THE FOOD BANK
	FORM 990, PART VI, SECTION B, LINE 15A	ANNUALLY THE BOARD APPROVES SALARY RANGES FOR EACH FOOD BANK POSITION RANGES ARE DEVELOPED USING COMPARABLE DATA PROVIDED BY THE MINNESOTA COUNCIL OF NONPROFITS SALARY & BENEFITS SURVEY AS WELL AS THE FEEDING AMERICA SALARY & BENEFITS SURVEY THE BOARD'S EXECUTIVE COMMITTEE CONDUCTS THE EXECUTIVE DIRECTOR'S ANNUAL EVALUATION AND PROVIDES A RECOMMENDATION OF SALARY TO THE ENTIRE BOARD FOR APPROVAL
	FORM 990, PART VI, SECTION C, LINE 18	ALL ARE AVAILABLE FOR INSPECTION AND ON FILE AT THE FOOD BANK
	FORM 990, PART VI, SECTION C, LINE 19	ALL ARE AVAILABLE FOR INSPECTION AND ON FILE AT THE FOOD BANK
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 16,307 PRIOR PERIOD ADJUSTMENTS -159,768 TOTAL TO FORM 990, PART XI, LINE 5 -143,461