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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 NORTH CENTRAL FOOD BANK

Doing Business As

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

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

D Employer identification number
41-1782776

E Telephone number
(218) 326-4420

G Gross receipts $ 5,590,886

F Name and address of principal officer
SUSAN ESTEE
2222 CROMELL DRIVE PO BOX 5130
GRAND RAPIDS, MN 55744

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: ▶ WWW SECONDHARVESTNCFB COM

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

L Year of formation 1994

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ENGAGING THE COMMUNITY TO END HUNGER

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	11
6	Total number of volunteers (estimate if necessary)	**6**	500
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
Revenue	**8** Contributions and grants (Part VIII, line 1h)	4,218,251	4,606,193
	9 Program service revenue (Part VIII, line 2g)	866,650	980,031
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,020	3,792
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,472	684
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,080,449	5,590,700
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,038,957	4,845,347
	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)	479,326	523,413
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶16,620		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	471,544	495,112
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,989,827	5,863,872
	19 Revenue less expenses Subtract line 18 from line 12	90,622	-273,172

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	2,512,287	2,214,925
	21 Total liabilities (Part X, line 26)	190,636	166,358
	22 Net assets or fund balances Subtract line 21 from line 20	2,321,651	2,048,567

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

****** | 2012-08-07
Signature of officer | Date

SUSAN ESTEE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: CHRISTINE M STANZ	Date 2012-08-03	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P01319765
Firm's name (or yours if self-employed), address, and ZIP + 4: CLIFTONLARSONALLEN LLP, 818 SECOND ST SO SUITE 320, WAITE PARK, MN 56387			EIN ▶ 41-0746749
			Phone no ▶ (320) 203-5500

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

ENGAGING THE COMMUNITY TO END HUNGER

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 5,084,731 including grants of $ 4,670,954) (Revenue $ 675,949)

FOOD BANK DISTRIBUTION THE PRIMARY PROGRAM OF SECOND HARVEST NORTH CENTRAL FOOD BANK IS ACQUISITION, WAREHOUSING AND DISTRIBUTION OF DONATED FOOD AND RELATED GROCERY PRODUCTS TO THE OTHER NON-PROFIT AGENCIES THAT PROVIDE FOOD TO LOW-INCOME PEOPLE IN AITKIN, CASS, CROW WING, ITASCA, KANABEC, KOOCHICHING AND MILLE LACS COUNTIES IN MINNESOTA IN 2011 OVER 4 4 MILLION POUNDS OF FOOD WERE DISTRIBUTED THROUGH 139 AGENCIES AND DIRECTLY TO INDIVIDUALS THROUGH SECOND HARVEST PROGRAMS SECOND HARVEST PURCHASES GROCERY PRODUCTS THAT ARE DESIRABLE BUT RARELY DONATED FOR DISTRIBUTION TO AGENCIES AND RE-PACKS BULK PRODUCTS FOR MORE CONVENIENT DISTRIBUTION TEN EMPLOYEES WORK IN WAREHOUSING, DELIVERY, ADMINISTRATION AND PROGRAMS VOLUNTEERS PROVIDE OVER 4,600 HOURS OF DONATED TIME TO SECOND HARVEST FOOD BANK OPERATIONS EVERY DAY

4b (Code) (Expenses $ 166,110 including grants of $ 18,582) (Revenue $ 195,077)

GRAND RAPIDS FOOD SHELF THE GRAND RAPIDS FOOD SHELF IS THE FOOD PANTRY PROGRAM OF SECOND HARVEST FOOD BANK THE FOOD SHELF PROVIDES FOOD DIRECTLY TO PEOPLE IN NEED IN GRAND RAPIDS AND THE SURROUNDING AREA IN 2011, THERE WERE 10,383 HOUSEHOLD VISITS TO THE FOOD SHELF RESULTING IN THE DISTRIBUTION OF 716,699 POUNDS OF FOOD TO THOSE FAMILIES VOLUNTEERS GAVE 8,372 HOURS OF TIME TO THE FOOD SHELF IN 2011

4c (Code) (Expenses $ 159,581 including grants of $ 139,837) (Revenue $)

CSFP/MAC&NAPS PROGRAM MAC&NAPS IS THE COMMODITY SUPPLEMENTAL FOOD PROGRAM OF THE USDA AND CONTRACTED IN MINNESOTA THROUGH THE DEPARTMENT OF HEALTH IN 2011, 27,835 CHILDREN AND SENIORS RECEIVED COMMODITY FOOD BOXES FROM THIS PROGRAM OVER 2,350 BOXES ARE PACKED AT SECOND HARVEST BY VOLUNTEERS EVERY MONTH AND DISTRIBUTED THROUGH 37 LOCATIONS IN THE SERVICE AREA

(Code) (Expenses $ 77,305 including grants of $) (Revenue $ 85,368)

THE ITASCA HOLIDAY PROGRAM PROVIDES HOLIDAY BOXES AND GIFTS FOR CHILDREN IN LOW-INCOME HOUSEHOLDS IN ITASCA COUNTY AND HILL CITY, SIMILAR TO THE HOLIDAY CLEARING BUREAU THE PROGRAM PROVIDES COMPREHENSIVE, NON-DUPLICATIVE, COMMUNITY SUPPORTED HELP TO NEEDY FAMILIES DURING THE HOLIDAYS VOLUNTEERS PACKED AND DISTRIBUTED 1,700 FOOD BOXES AND DONATED GIFTS WERE GIVEN TO 1,869 CHILDREN IN 2011

(Code) (Expenses $ 45,309 including grants of $ 15,974) (Revenue $ 23,637)

KIDS PACK TO GO PACK PROGRAM KIDS PACK MEAL SACKS ARE DISTRIBUTED THROUGH 16 ELEMENTARY SCHOOLS TO OVER 1,400 CHILDREN EACH MONTH KID FRIENDLY, NON PERISHABLE FOOD IS SENT HOME WITH CHILDREN BY SCHOOL STAFF WHO DETERMINE STUDENTS WHICH MAY BE AT RISK OF HUNGER OVER LONG WEEKENDS OR SCHOOL VACATIONS IN 2011, 13,944 PACKS WERE DISTRIBUTED TO NEEDY SCHOOL CHILDREN

4d Other program services (Describe in Schedule O)
(Expenses $ 122,614 including grants of $ 15,974) (Revenue $ 109,005)

4e **Total program service expenses** ▶ $ 5,533,036

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	Yes	
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		No
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**		No
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**	4		
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** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	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	10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
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	Yes	
	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

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 ▶

ALICE SVIGEL
2222 CROMELL DR
GRAND RAPIDS, MN 55744
(218) 326-4420

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) DEB PAGE PRESIDENT	1 00	X		X				0	0	0
(2) ROBERT DUNNELL VICE PRESIDENT	50	X		X				0	0	0
(3) ALANA HUGHES SECRETARY	50	X		X				0	0	0
(4) AMY TRAST TREASURER	50	X		X				0	0	0
(5) MAVIS CONNOLLY DIRECTOR	50	X						0	0	0
(6) DARYL ERDMAN DIRECTOR	50	X						0	0	0
(7) AL GILBERTSON DIRECTOR	50	X						0	0	0
(8) DEE HILLSTROM DIRECTOR	50	X						0	0	0
(9) ANDY STAMSON DIRECTOR	50	X						0	0	0
(10) BILL WHEELER DIRECTOR	50	X						0	0	0
(11) SUSAN ESTEE EXECUTIVE DIRECTOR	40 00			X				68,091	0	13,858
(12) ALICE SVIGEL FINANCE MANAGER	40 00			X				43,110	0	7,105

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)** . . . . . ▶								111,201	0	20,963

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 10,000				
	b	Membership dues	1b				
	c	Fundraising events	1c 3,250				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 1,043,722				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,549,221				
	g	Noncash contributions included in lines 1a-1f $ 3,747,710					
	h	**Total.** Add lines 1a-1f		4,606,193			
Program Service Revenue			Business Code				
	2a	FOOD DISTRIBUTION	624200	975,031	975,031		
	b	AGENCY MEMBERSHIP DUES	624200	5,000	5,000		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		980,031			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		3,792			3,792
	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)					
	8a	Gross income from fundraising events (not including $ 3,250 of contributions reported on line 1c) See Part IV, line 18 a 0					
	b	Less direct expenses b 186					
	c	Net income or (loss) from fundraising events		-186			-186
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	870			870
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		870			
	12	**Total revenue.** See Instructions		5,590,700	980,031	0	4,476

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	2,976,236	2,976,236		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,869,111	1,869,111		
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	132,164	37,697	91,570	2,897
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	302,422	205,832	96,348	242
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,584	14,669	10,732	183
9	Other employee benefits	31,061	23,453	7,408	200
10	Payroll taxes	32,182	18,452	13,499	231
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	21,939	7,679	14,260	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	10,816	3,785	7,031	
12	Advertising and promotion	885		885	
13	Office expenses	96,906	64,196	24,068	8,642
14	Information technology				
15	Royalties . .				
16	Occupancy	48,756	43,880	4,876	
17	Travel	62,432	56,873	5,465	94
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,056	3,624	2,651	3,781
20	Interest	7,275	6,548	727	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	98,483	88,635	9,848	
23	Insurance	14,490	13,041	1,449	
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	MISCELLANEOUS EXPENSE	48,868	28,019	20,499	350
b	CLUSTER EXPENSE	39,180	39,180		
c	FREIGHT & STORAGE	22,714	22,714		
d	REPACKING	4,813	4,813		
e					
f	All other expenses	7,499	4,599	2,900	
25	**Total functional expenses.** Add lines 1 through 24f	5,863,872	5,533,036	314,216	16,620
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			1	
	2	Savings and temporary cash investments		131,722	2	115,200
	3	Pledges and grants receivable, net		5,000	3	5,000
	4	Accounts receivable, net		78,559	4	61,870
	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		743,915	8	571,592
	9	Prepaid expenses and deferred charges		10,315	9	9,539
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,058,134			
	b	Less accumulated depreciation	10b 709,176	1,446,562	10c	1,348,958
	11	Investments—publicly traded securities		96,214	11	102,766
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,512,287	16	2,214,925
Liabilities	17	Accounts payable and accrued expenses		83,108	17	85,462
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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		107,528	23	80,896
	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		190,636	26	166,358
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		2,279,776	27	2,003,797
	28	Temporarily restricted net assets		8,879	28	7,944
	29	Permanently restricted net assets		32,996	29	36,826
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,321,651	33	2,048,567
	34	Total liabilities and net assets/fund balances		2,512,287	34	2,214,925

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	5,590,700
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,863,872
3	Revenue less expenses Subtract line 2 from line 1	3	-273,172
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	2,321,651
5	Other changes in net assets or fund balances (explain in Schedule O)	5	88
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	2,048,567

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 NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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 ")	3,806,368	3,634,378	4,269,399	4,218,251	4,606,193	20,534,589
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,806,368	3,634,378	4,269,399	4,218,251	4,606,193	20,534,589
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)						352,623
6 **Public Support.** Subtract line 5 from line 4						20,181,966

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	3,806,368	3,634,378	4,269,399	4,218,251	4,606,193	20,534,589
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,885	3,854	2,616	3,562	3,792	20,709
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	180	741	876	945	870	3,612
11 **Total support** (Add lines 7 through 10)						20,558,910

12	Gross receipts from related activities, etc (See instructions)	12	4,625,746

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	98 170 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99 810 %

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS REVENUE

Additional Data

Software ID:
Software Version:
EIN: 41-1782776
Name: SECOND HARVEST NORTH CENTRAL FOOD BANK

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 77,305 including grants of $) (Revenue $ 85,368)

THE ITASCA HOLIDAY PROGRAM PROVIDES HOLIDAY BOXES AND GIFTS FOR CHILDREN IN LOW-INCOME HOUSEHOLDS IN ITASCA COUNTY AND HILL CITY, SIMILAR TO THE HOLIDAY CLEARING BUREAU THE PROGRAM PROVIDES COMPREHENSIVE, NON-DUPLICATIVE, COMMUNITY SUPPORTED HELP TO NEEDY FAMILIES DURING THE HOLIDAYS VOLUNTEERS PACKED AND DISTRIBUTED 1,700 FOOD BOXES AND DONATED GIFTS WERE GIVEN TO 1,869 CHILDREN IN 2011

(Code) (Expenses $ 45,309 including grants of $ 15,974) (Revenue $ 23,637)

KIDS PACK TO GO PACK PROGRAM KIDS PACK MEAL SACKS ARE DISTRIBUTED THROUGH 16 ELEMENTARY SCHOOLS TO OVER 1,400 CHILDREN EACH MONTH KID FRIENDLY, NON PERISHABLE FOOD IS SENT HOME WITH CHILDREN BY SCHOOL STAFF WHO DETERMINE STUDENTS WHICH MAY BE AT RISK OF HUNGER OVER LONG WEEKENDS OR SCHOOL VACATIONS IN 2011, 13,944 PACKS WERE DISTRIBUTED TO NEEDY SCHOOL CHILDREN

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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 NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	36,875	15,698	13,406		
b Contributions	3,830	17,920			
c Investment earnings or losses	-551	3,515	2,433		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	-384	-258	-141		
g End of year balance	39,770	36,875	15,698		

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 92 600 %
- c Term endowment ▶ 7 400 %

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)	Yes	
(ii) related organizations	3a(ii)		No
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		85,480		85,480
b Buildings		1,564,131	422,976	1,141,155
c Leasehold improvements				
d Equipment		408,523	286,200	122,323
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,348,958

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	5,590,700
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,863,872
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-273,172
4	Net unrealized gains (losses) on investments	4	88
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	88
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-273,084

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

1	Total revenue, gains, and other support per audited financial statements			1	5,590,974
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	88		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	186		
e	Add lines **2a** through **2d**			2e	274
3	Subtract line **2e** from line **1**			3	5,590,700
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	5,590,700

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

1	Total expenses and losses per audited financial statements			1	5,864,058
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	186		
e	Add lines **2a** through **2d**			2e	186
3	Subtract line **2e** from line **1**			3	5,863,872
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	5,863,872

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 INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO SUPPORT THE GENERAL OPERATIONS OF THE FOOD BANK
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOOD BANK IS A MINNESOTA NONPROFIT CORPORATION AND IS EXEMPT FROM INCOME TAXES UNDER CODE SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THEREFORE, A PROVISION FOR INCOME TAXES IS NOT REQUIRED IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE THE ORGANIZATION'S 2008-2010 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES THE ORGANIZATION FILES AS A TAX EXEMPT ORGANIZATION, SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION WOULD BE SUBJECT TO REVIEW BY THE IRS
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS (FUNDRAISING) EXPENSES 186
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS (FUNDRAISING) EXPENSES 186

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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 NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ 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 . . . . ▶ 69

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use 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) FOOD FOR INDIGENTS	182358		1,869,111	AVG WHOLESALE VALUE	FOOD

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SECOND HARVEST MONITORS THE FOOD THEY DISTRIBUTE TO AGENCIES BY THE USE OF ESTABLISHED MONTHLY SERVICE STATISTICS REPORTS THE SERVICE STATISTICS REPORT REQUIRES ALL AGENCIES TO REPORT THE NUMBER OF HOUSEHOLDS AND INDIVIDUALS THAT COME INTO THEIR ORGANIZATION MONTHLY ALONG WITH THE POUNDAGE OF FOOD THAT WAS DISTRIBUTED THE SECOND HARVEST OPERATION MANAGER ENSURES THAT THE SERVICE STATISTICS REFLECTING USAGE COMPARED TO THE POUNDAGE GOING OUT AT THE AGENCIES LOOKS REASONABLE AT LEAST QUARTERLY DURING THE YEAR

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 41-1782776
Name: SECOND HARVEST NORTH CENTRAL 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
BRAINERD SA FOOD SHELFPO BOX 385 BRAINERD,MN 56401	41-0698597	501(C)(3)		479,356	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MILACA AREA PANTRYPO BOX 133 MILACA,MN 56353	41-1628297	501(C)(3)		182,248	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LAKES AREA FOOD SHELFPO BOX 724 NISSWA,MN 56468	41-1715784	501(C)(3)		149,724	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
CUYUNA FOOD SHELFPO BOX 33 CROSBY,MN 56441	41-0846442	501(C)(3)		132,109	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
CASS LAKE FOOD SHELFPO BOX 785 CASS LAKE,MN 56633	41-1822014	501(C)(3)		130,434	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
PRINCETON PANTRY 104 6TH AVE SOUTH PRINCETON,MN 55371	41-1589398	501(C)(3)		116,860	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
WALKER FOOD SHELF PO BOX 1101 WALKER,MN 56484	41-1517569	501(C)(3)		115,732	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
EMILY FOOD SHELF 42145 BIRCHWOOD DRIVE EMILY,MN 56447	41-1728508	501(C)(3)		114,491	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
DEER RIVER FOOD SHELFPO BOX 2 DEER RIVER,MN 56636	41-1476506	501(C)(3)		95,254	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MORA FOOD PANTRY PO BOX 434 MORA,MN 55051	41-1457824	501(C)(3)		84,063	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LONGVILLE FOOD SHELFPO BOX 308 LONGVILLE,MN 56655	41-1817453	501(C)(3)		75,999	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
ONAMIA FOOD SHELF-FAMILY PATHWPO BOX 65 ONAMIA,MN 56359	41-1332828	501(C)(3)		71,120	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
FALLS HUNGER COALITION INC1000 5TH STREET INTERNATIONAL FALLS,MN 56649	36-3602229	501(C)(3)		63,170	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
COMM FOOD SHELF AT FIRST LUTH107 SECOND ST SE AITKIN,MN 56431	41-0711461	501(C)(3)		63,128	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
GARRISON AREA CAREGIVERSPO BOX 336 GARRISON,MN 56450	20-2899659	501(C)(3)		52,676	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
BRAINERD FIRST BAPTIST CHURCH 7398 FAIRVIEW ROAD NW BAXTER,MN 56425	41-6029149	501(C)(3)		52,271	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
HACKENSACK COMM FOOD SHELFPO BOX 451 BREEZY POINT,MN 56472	41-0757868	501(C)(3)		47,846	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NEIGHBORS HELPING NEIGHBORS FSPO BOX 101 NASHWAUK,MN 55769	27-1685000	501(C)(3)		46,731	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
PINE RIVER FOOD SHELFPO BOX 282 PINE RIVER,MN 56474	41-1354442	501(C)(3)		42,644	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
CROSS LAKE FOOD SHELFPO BOX 253 CROSS LAKE,MN 56442	41-1397273	501(C)(3)		39,679	AVG WHOLSALE VALUE	FOOD	TO END HUNGER

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
HILL CITY AREA FOOD SHELFPO BOX 437 HILL CITY,MN 55748	23-7154390	501(C)(3)		38,246	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
PINE RIVERBACKUS FAMILY CENTEPO BOX 1 PINE RIVER,MN 56474	41-1851010	501(C)(3)		34,813	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MCGREGOR FOODSHELF45898 STATE HIGHWAY 65 MC GREGOR,MN 55760	41-1749827	501(C)(3)		33,510	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHERN ITASCA FOOD SHELF306 GOLF COURCE LANE 7 BIGFORK,MN 56628	36-3512185	501(C)(3)		31,332	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MN FOOD BANK NETWORK3585 NORTH LEXINGTON AVE SUITE 159 ARDEN HILLS,MN 55126	36-3567366	501(C)(3)		30,844	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
FATHER'S HEART AND HANDSPO BOX 195 REMER,MN 56672		501(C)(3)		30,714	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MILLE LACS ACADEMY407 130TH AVENUE SOUTH ONAMIA,MN 56359	41-1419064	501(C)(3)		30,675	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
OGILVIE FOOD SHELFPO BOX 117 OGILVIE,MN 56358	41-1937148	501(C)(3)		29,529	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHERN LAKES FOOD BANK4503 AIR PARK BLVD DULUTH,MN 55811	36-3479964	501(C)(3)		25,367	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
COMMUNITY CAFE' PO BOX 5192 GRAND RAPIDS,MN 55744	20-1239743	501(C)(3)		24,542	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
PILLAGER FOOD SHELF305 FIR AVE WEST PILLAGER,MN 56473	41-1811057	501(C)(3)		22,631	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MN TEEN CHALLENGE2424 BUSINESS 371 BRAINERD,MN 56401	41-1517351	501(C)(3)		22,393	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
BOYS & GIRLS CLUB OF THE LLAPO BOX 817 CASS LAKE,MN 56633	41-1929446	501(C)(3)		21,454	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
INT'L FALLS SA FOOD SHELFPO BOX 592 INTERNATIONAL FALLS,MN 56649	41-0698597	501(C)(3)		20,025	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
SHARING BREAD SOUP KITCHEN923 OAK STREET BRAINERD,MN 56401	41-1634222	501(C)(3)		19,913	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
COMMUNITY CARE-N-SHARE40141 STATE HWY 6 EMILY,MN 56447	41-1479290	501(C)(3)		19,875	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
SOLID ROCK CURCH OF GOD555 LAPRAIRIE AVENUE GRAND RAPIDS,MN 55744	41-1324457	501(C)(3)		19,460	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHLAND RECOVERY CENTER 1215 SOUTHEAST 7TH AVE GRAND RAPIDS,MN 55744	41-0859738	501(C)(3)		15,957	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
ISLE AREA FOOD SHELF5589 TRILLIUM ROAD ISLE,MN 56342	41-1556337	501(C)(3)		15,799	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
HOPE HOUSE604 SOUTH POKEGAMA AVE GRAND RAPIDS,MN 55744	36-3415460	501(C)(3)		14,175	AVG WHOLSALE VALUE	FOOD	TO END HUNGER

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
JACOBSON COMMUNITY FOOD SHELFPO BOX 616 JACOBSON,MN 55752	41-1461906	501(C)(3)		13,440	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHOME FOOD SHELFPO BOX 236 NORTHOME,MN 56661	41-1509377	501(C)(3)		13,162	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
GRAND RAPIDS SALVATION ARMY 20734 HIGHWAY 169 SOUTH GRAND RAPIDS,MN 55744	41-0698597	501(C)(3)		12,742	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
YMCA-BRUCE BAUER CENTER400 RIVER ROAD GRAND RAPIDS,MN 55744	41-1358634	501(C)(3)		12,610	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTH HOMES INC 1880 RIVER ROAD GRAND RAPIDS,MN 55744	41-1682025	501(C)(3)		12,591	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
SOUP FOR THE SOUL113 SOUTH LAKE STREET MORA,MN 55051	03-0538797	501(C)(3)		12,077	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHLAND COUNSELING-MAPLEWOOD402 SE 13TH STREET GRAND RAPIDS,MN 55744	41-0859738	501(C)(3)		11,305	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
SERENITY MANOR PO BOX 27 MORA,MN 55051	41-1239056	501(C)(3)		11,297	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
SOMETHING COOL PO BOX 99 MCGREGOR,MN 55760	41-1941630	501(C)(3)		10,816	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
YMCA-WEEFOLKS 400 RIVER ROAD GRAND RAPIDS,MN 55744	41-1358634	501(C)(3)		9,761	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
QUAMBA FOOD SHELF26340 WHITED AVE BROOK PARK,MN 55007	41-1425217	501(C)(3)		9,047	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
PINEHAVEN YOUTH & FAMILY SER13417 CYPRUS DRIVE BRAINERD,MN 56401	13-4355222	501(C)(3)		8,955	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LSS-PINE RIVER SR NUTRITION445 SNELL AVENUE PINE RIVER,MN 56474	41-0872993	501(C)(3)		8,041	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
VOA- OUR HOME 40392 75TH AVENUE WAHKON,MN 56386	41-1554078	501(C)(3)		7,461	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LSS GARLAND1060 SW 1ST STREET GRAND RAPIDS,MN 55744	41-1568278	501(C)(3)		7,326	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LITTLE SAND GROUP HOMEPO BOX 40 REMER,MN 56672	41-1725976	501(C)(3)		6,983	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHLAND COUNSELING FOSTER CA1307 POKEGAMA AVE SOUTH GRAND RAPIDS,MN 55744	41-0859738	501(C)(3)		6,908	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHLAND COUNSELING-SYLVAN BA901 4TH STREET SW GRAND RAPIDS,MN 55744	41-0859738	501(C)(3)		6,558	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MID MN WOMENS CENTERPO BOX 602 BRAINERD,MN 56401	41-1324087	501(C)(3)		6,393	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
PRINCETON SENIOR DINING604 SOUTH 3RD STREET PRINCETON,MN 55371	53-0196617	501(C)(3)		5,874	AVG WHOLSALE VALUE	FOOD	TO END HUNGER

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
VOA-PRINCETON 903 4TH STREET PRINCETON,MN 55371	41-1554078	501(C)(3)		5,831	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
KOOTASCA HEAD START FOOD SERVI1213 SE SECOND AVE GRAND RAPIDS,MN 55744	41-0904805	501(C)(3)		5,749	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
THE WAREHOUSE PO BOX 195 PINE RIVER,MN 56474	41-1303842	501(C)(3)		5,718	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
VOA STEPPING STONES560 3RD AVE SE MILACA,MN 56353	41-1554078	501(C)(3)		5,538	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LSS-WALKER NUTRITION CENTER508 8TH AVENUE SW WALKER,MN 56484	41-0872993	501(C)(3)		5,531	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NEW TRAILS GROUP HOME312 SOUTH ELM STREET ONAMIA,MN 56359	41-1419064	501(C)(3)		5,462	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LSS BRAINERD SENIOR DINING 803 KINGWOOD STREET BRAINERD,MN 56401	41-0872993	501(C)(3)		5,414	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LSS-RIVER KNOT9 STEINHART CIRCLE GRAND RAPIDS,MN 55744	41-0872993	501(C)(3)		5,386	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MORA SENIOR DINING470 BEAN AVENUE MORA,MN 55051	53-0196617	501(C)(3)		5,115	AVG WHOLSALE VALUE	FOOD	TO END HUNGER

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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

Open to Public Inspection

Name of the organization
SECOND HARVEST NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions 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	28	3,747,710	AVG WHOLESALE VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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	Yes	
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

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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 NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	OFFICERS AND THE BOARD PRESIDENT REVIEW PRIOR TO FILING BOARD MEMBERS REVIEW AN OVERHEAD PRESENTATION AT A BOARD MEETING BOARD MEMBERS ARE PROVIDED A PRINTED COPY OF THE 990 AT THE MEETING AND CAN DOWNLOAD IT FROM ORGANIZATION'S WEBSITE
	FORM 990, PART VI, SECTION B, LINE 12C	EACH EMPLOYEE AND BOARD MEMBER SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE EMPLOYEE OR BOARD MEMBER IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST OCCURRING SUCH RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE SERVICE AS A DIRECTOR OF OR CONSULTANT TO A NONPROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO SECOND HARVEST NORTH CENTRAL FOOD BANK ANY SUCH INFORMATION REGARDING BUSINESS INTERESTS OF AN EMPLOYEE, BOARD MEMBER OR A FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE EXECUTIVE DIRECTOR, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST EMPLOYEES, WHO HAVE A CONFLICT OF INTEREST THAT IS NOT SUBJECT TO BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO THE CHAIR OR THE CHAIR'S DESIGNEE ANY CONFLICT OF INTEREST IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXITS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO THE CHAIR AND THE CHAIR'S DESIGNEE, WHO SHALL DETERMINE WHETHER THERE EXISTS A CONFLICT OF INTEREST THAT IS SUBJECT TO THE ESTABLISHED SECOND HARVEST CONFLICT OF INTEREST POLICY PRIOR TO BOARD OR COMMITTEE ACTION INVOLVING A CONFLICT OF INTEREST, A BOARD MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL MATERIAL FACTS PERTAINING TO THE CONFLICT OF INTEREST POLICY THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING
	FORM 990, PART VI, SECTION B, LINE 15	THE SECOND HARVEST NORTH CENTRAL FOOD BANK HAS IN PLACE SALARY RANGES FOR ALL EMPLOYEES BASED ON INFORMATION FROM THE FEEDING AMERICA NETWORK ACTIVITY REPORT UPDATED ANNUALLY WITH INPUT FROM THE FEEDING AMERICA FOOD BANK MEMBERS SECOND HARVEST NORTH CENTRAL FOOD BANK ALSO BELONGS TO THE MINNESOTA COUNCIL OF NONPROFITS (MCN) AND PARTICIPATES IN THE ANNUAL SALARY SURVEY CONDUCTED BY MCN AND PUBLISHED FOR USE BY ITS MEMBERS THESE TWO SOURCES ARE USED TO SET ANNUAL SALARY RANGES FOR ALL FOOD BANK STAFF, INCLUDING THE EXECUTIVE DIRECTOR THE SUPPORTING DOCUMENTS FROM THE NAR AND THE MCN SALARY SURVEY ARE PROVIDED TO THE BOARD PRESIDENT AND PERSONNEL COMMITTEE THE BOARD USES THE INFORMATION TO SET THE SALARY FOR THE EXECUTIVE DIRECTOR THE EXECUTIVE DIRECTOR USES THE INFORMATION TO SET THE SALARIES OF THE REST OF THE EMPLOYEES THE PROCESS AND COMPENSATION DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED AND INCLUDE REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION IN 2011
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 88