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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- [x] 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 AIRPARK 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 $ 8,524,222

F Name and address of principal officer
MICHAEL GAY
4503 AIRPARK BLVD
DULUTH,MN 55811

H(a) Is this a group return for affiliates? [ ] Yes [x] 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 [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Form of organization [x] 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**	12
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 2012 (Part V, line 2a)	**5**	22
6	Total number of volunteers (estimate if necessary)	**6**	1,002
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)	6,577,585	7,485,317
9	Program service revenue (Part VIII, line 2g)	839,886	963,286
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,933	37,982
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	949	-9,232
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,441,353	8,477,353
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,159,192	7,157,400
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)	465,501	542,910
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶85,827		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	494,695	589,125
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,119,388	8,289,435
19	Revenue less expenses Subtract line 18 from line 12	321,965	187,918

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	4,634,317	4,417,807
21	Total liabilities (Part X, line 26)	503,655	48,493
22	Net assets or fund balances Subtract line 21 from line 20	4,130,662	4,369,314

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

****** | 2013-05-13
Signature of officer | Date

MICHAEL GAY BOARD CHAIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JULIE BOYER				P01278549

Firm's name ▶ MCGLADREY LLP | Firm's EIN ▶ 42-0714325

Firm's address ▶ 227 W FIRST ST STE 700
DULUTH, MN 558021919 | Phone no (218) 727-5025

May the IRS discuss this return with the preparer shown above? (see instructions) [x] 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 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 $ 8,036,213 including grants of $ 7,157,400) (Revenue $ 963,286)

SECOND HARVEST NORTHERN LAKES FOOD BANK RESCUED 4 65 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 10,690 HOURS OF VOLUNTEER SERVICE (THE EQUIVALENT OF 5 FULL-TIME POSITIONS) FROM OVER 1,000 VOLUNTEERS WHICH SAVES OUR FOOD BANK OVER $117,500 IN STAFF EXPENSE IN ALL, OUR FOOD BANK DISTRIBUTED 4 65 MILLION POUNDS OF FOOD, OR ENOUGH FOOD FOR 3 7 MILLION MEALS, WHICH FED APPROXIMATELY 44,000 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** ▶ 8,036,213

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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 11b 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	22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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, securities account, or other financial 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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** 12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBYN CADIGAN VICE CHAIR	50	X		X				0	0	0
(2) MYRNA WELLS-ULLAND BOARD CHAIR	50	X		X				0	0	0
(3) JOHN GASELE SECRETARY	40	X		X				0	0	0
(4) MICHAEL GAY TREASURER	40	X		X				0	0	0
(5) MARK BRANOVAN BOARD MEMBER	40	X						0	0	0
(6) JULIE FEIRING BOARD MEMBER	40	X						0	0	0
(7) MONICA HENDRICKSON BOARD MEMBER	40	X						0	0	0
(8) WAYNE KNUTH BOARD MEMBER	40	X						0	0	0
(9) MATTHEW MINER BOARD MEMBER	40	X						0	0	0
(10) WADE PETRICH BOARD MEMBER	40	X						0	0	0
(11) ROGER SKRABA BOARD MEMBER	40	X						0	0	0
(12) REBA RICE BOARD MEMBER	40	X						0	0	0
(13) BRIANA VON ELBE BOARD MEMBER	40	X						0	0	0
(14) JUDITH VAN DELL BOARD MEMBER	40	X						0	0	0
(15) PAMELA KRALL BOARD MEMBER	40	X						0	0	0
(16) SHAYE J MORIS EXECUTIVE DIRECTOR	40 00			X				88,372	0	5,584

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								88,372	0	5,584

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 62,790				
	b	Membership dues	1b				
	c	Fundraising events	1c 109,401				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 7,313,126				
	g	Noncash contributions included in lines 1a-1f $	6,466,948				
	h	**Total.** Add lines 1a-1f		7,485,317			
Program Service Revenue			Business Code				
	2a	FOOD/SHARED MAINTENANC	624200	957,926	957,926		
	b	MEMBERSHIP DUES	624200	5,360	5,360		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		963,286			
	3	Investment income (including dividends, interest, and other similar amounts)		20,265			20,265
	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	42,025 / 8,694				
	b	Less cost or other basis and sales expenses	33,002 / 0				
	c	Gain or (loss)	9,023 / 8,694				
	d	Net gain or (loss)		17,717			17,717
Other Revenue	8a	Gross income from fundraising events (not including $ 109,401 of contributions reported on line 1c) See Part IV, line 18	a 4,635				
	b	Less direct expenses	b 13,867				
	c	Net income or (loss) from fundraising events		-9,232			-9,232
	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		8,477,353	963,286	0	28,750

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response 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	5,750,754	5,750,754		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,406,646	1,406,646		
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	93,956	73,785	16,617	3,554
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	378,903	297,558	67,014	14,331
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	33,461	25,484	6,548	1,429
10 Payroll taxes	36,590	27,991	7,062	1,537
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	21,149	16,919	4,230	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	6,201	5,088	1,113	
13 Office expenses	122,307	37,312	20,019	64,976
14 Information technology				
15 Royalties . .				
16 Occupancy	51,010	45,909	5,101	
17 Travel	6,858	6,481	377	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,123	3,123		
20 Interest	7,195		7,195	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	151,620	151,620		
23 Insurance	28,325	23,066	5,259	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD TRANSPORTATION & S	113,205	113,205		
b DUES	47,145	23,044	24,101	
c REPAIRS AND MAINTENANCE	18,957	18,566	391	
d BANK CHARGES	7,538	5,170	2,368	
e All other expenses	4,492	4,492		
25 **Total functional expenses.** Add lines 1 through 24e	8,289,435	8,036,213	167,395	85,827
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		57,249	1	149,344
	2	Savings and temporary cash investments		577,299	2	229,689
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		68,608	4	53,819
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		898,049	8	860,159
	9	Prepaid expenses and deferred charges		5,853	9	6,135
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,153,978			
	b	Less accumulated depreciation	10b 804,316	2,326,213	10c	2,349,662
	11	Investments—publicly traded securities		610,828	11	668,216
	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		90,218	15	100,783
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,634,317	16	4,417,807
Liabilities	17	Accounts payable and accrued expenses		52,294	17	48,493
	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	Loans and other 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		451,361	23	0
	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		503,655	26	48,493
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,040,444	27	4,265,120
	28	Temporarily restricted net assets		6,705	28	19,971
	29	Permanently restricted net assets		83,513	29	84,223
		Organizations that do not follow SFAS 117 (ASC 958), 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		4,130,662	33	4,369,314
	34	Total liabilities and net assets/fund balances		4,634,317	34	4,417,807

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	8,477,353
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,289,435
3	Revenue less expenses Subtract line 2 from line 1	3	187,918
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,130,662
5	Net unrealized gains (losses) on investments	5	50,734
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,369,314

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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

2012

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,705,441	4,443,815	6,007,939	6,577,585	7,485,317	29,220,097
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	624,061	747,719	760,207	839,886	963,286	3,935,159
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	5,329,502	5,191,534	6,768,146	7,417,471	8,448,603	33,155,256
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)						33,155,256

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	5,329,502	5,191,534	6,768,146	7,417,471	8,448,603	33,155,256
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		17,448	22,214	22,933	20,265	82,860
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		17,448	22,214	22,933	20,265	82,860
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	68,161	78,754	78,188	949		226,052
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)	5,397,663	5,287,736	6,868,548	7,441,353	8,468,868	33,464,168

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 2012 (line 8, column (f) divided by line 13, column (f))	15	99 080 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	98 610 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	0 250 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	0 320 %

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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	90,218	60,532	51,198		
b Contributions	710	10,096	9,334		
c Net investment earnings, gains, and losses	10,930	19,590			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,075				
g End of year balance	100,783	90,218	60,532		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 83 570 %
- b Permanent endowment ▶ 16 430 %
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		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 XIII 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	434,588	1,994,393
c Leasehold improvements		23,252	6,815	16,437
d Equipment		631,632	361,838	269,794
e Other		25,800	1,075	24,725
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,349,662

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) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

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

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	8,527,012
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	50,734		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-1,075		
e	Add lines **2a** through **2d**			2e	49,659
3	Subtract line **2e** from line **1**			3	8,477,353
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	8,477,353

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

1	Total expenses and losses per audited financial statements			1	8,288,360
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	8,288,360
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1,075		
c	Add lines **4a** and **4b**			4c	1,075
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	8,289,435

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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	THE SECOND HARVEST MICHAEL E MINER HUNGER ENDOWMENT IS A FUND TO ENSURE FOOD FOR THE HUNGRY OF NE MINNESOTA AND NW WISCONSIN IN PERPETUITY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	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 GENERALLY, SHNLFB IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2009
PART XI, LINE 2D - OTHER ADJUSTMENTS		BANK CHARGES FROM ENDOWMENT FUND -1,075
PART XII, LINE 4B - OTHER ADJUSTMENTS		BANK CHARGES FROM ENDOWMENT FUND 1,075

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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. Form 990-EZ filers are not required to complete this part.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

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 email 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

(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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	60,026			60,026
	2 Less Contributions	55,391			55,391
	3 Gross income (line 1 minus line 2)	4,635			4,635
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	151			151
	8 Entertainment				
	9 Other direct expenses	10,604			10,604
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(10,755)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-6,120

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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	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

2012

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. Part II can be duplicated 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 . . . . . ▶ 85

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) DISTRIBUTION OF COMMODITY FOODS TO MOTHERS, CHILDREN AND SENIORS	11228		641,807	FMV	COMMODITY FOODS
(2) DISTRIBUTION OF DONATED, WHOLESALE AND COMMODITY FOODS TO PEOPLE IN NEED	1821		764,839	FMV	DONATED, WHOLESALE AND COMMODITY FOODS

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

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 CENTER409 1ST STREET NORTH VIRGINIA,MN 55792	41-1515081	501(C)(3)		10,461	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)		18,054	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BARNES FOOD PANTRY 3200 COUNTY ROAD N BARNES,WI 54873	39-1456203	501(C)(3)		17,217	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BAYFIELD AREA FOOD PANTRYPO BOX 729 BAYFIELD,WI 54814	56-2618057	501(C)(3)		18,749	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BETHANY CRISIS SHELTER LSS9239 IDAHO STREET DULUTH,MN 55807	41-0872993	501(C)(3)		22,545	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BOY'S & GIRL'S CLUB GOLDBERG120 S 10TH AVENUE W DULUTH,MN 55806	41-0969947	501(C)(3)		10,944	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BOYS & GIRLS CLUB LAKE VERMILIONPO BOX 16435 DULUTH,MN 55816	41-0969947	501(C)(3)		3,959	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BOYS & GIRLS CLUB LINCOLN PARKPO BOX 16435 DULUTH,MN 55816	41-0969947	501(C)(3)		18,814	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BOY'S & GIRL'S CLUB NETT LAKEPO BOX 16435 DULUTH,MN 55816	41-0969947	501(C)(3)		3,503	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BOYS & GIRLS CLUB SUPERIORPO BOX 16435 DULUTH,MN 55816	41-0969947	501(C)(3)		8,185	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BRUCE CARLTON FOOD PANTRY2101 - 14TH STREET CLOQUET,MN 55720	41-1849304	501(C)(3)		4,856	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CARLTON YOUTH SHELTER LSS531 SLATE STREET CLOQUET,MN 55720	41-0872993	501(C)(3)		9,006	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)		26,057	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHALLENGE CENTER39 N 25TH STREET E SUPERIOR,WI 54880	39-1658019	501(C)(3)		31,306	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHAMPION LIFE BENJAMIN HOUSE1084 - 87TH AVENUE W DULUTH,MN 55816	26-2704606	501(C)(3)		5,080	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHICAGAMI CHILDREN'S CENTER702 ROOSEVELT EVELETH,MN 55734	41-1540311	501(C)(3)		8,515	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHISHOLM FOOD SHELF10 CENTRAL AVENUE NORTH CHISHOLM,MN 55719	41-6052144	501(C)(3)		26,098	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHUM DROP IN125 N 1ST AVE WEST DULUTH,MN 55802	41-1227969	501(C)(3)		193,960	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHUM FOOD SHELF120 N 1ST AVENUE WEST DULUTH,MN 55802	41-1227969	501(C)(3)		127,059	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CLOQUET SALVATION ARMY316 CARLTON AVENUE CLOQUET,MN 55720	41-0698597	501(C)(3)		67,266	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
COMMUNITY ACTION DULUTH2424 WEST 5TH STREET SUITE 102 DULUTH,MN 55806	41-1410670	501(C)(3)		4,952	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CONCERNED CITIZENS FOOD SHELF434 PINEMILL COURT VIRGINIA,MN 55792	43-2038186	501(C)(3)		8,384	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
COOK COMMUNITY FOOD SHELFPO BOX 633124 - 5TH ST SE COOK,MN 55723	41-0908605	501(C)(3)		59,320	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
COPELAND VALLEY YOUTH CENTER720 N CENTRAL AVENUE DULUTH,MN 55807	41-0850223	501(C)(3)		7,471	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
COVENANT PARK BIBLE CAMP201 E 1ST STREET DULUTH,MN 55802	41-1411768	501(C)(3)		12,244	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DAMIANO OF DULUTH206 W 4TH STREET DULUTH,MN 55806	41-1453521	501(C)(3)		75,605	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC MANUMIT204 - 206 S 21ST AVENUE E DULUTH,MN 55812	41-0965828	501(C)(3)		3,572	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC ONEOTA4 N 59TH AVENUE W 302 DULUTH,MN 558072405	41-0965828	501(C)(3)		3,773	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC THALASSIC1815 HWY 61 EAST TWO HARBORS,MN 55616	41-0965828	501(C)(3)		3,403	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC TRIGGS3010 BERKELEY ROAD DULUTH,MN 55811	41-0965828	501(C)(3)		8,234	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC TRIPLEX420 EAST MCCUEN STREET DULUTH,MN 55808	41-0965828	501(C)(3)		9,222	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DRCC WOODLAND30 W FAIRBAULT STREET DULUTH,MN 55803	41-0965828	501(C)(3)		9,588	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DULUTH SALVATION ARMY 215 S 27TH AVENUE WEST DULUTH,MN 55806	41-0698597	501(C)(3)		270,493	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
EAST HILLSIDE PATCH 1406 E SECOND ST SUITE B DULUTH,MN 55805	41-1923671	501(C)(3)		3,050	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
ELIJAH'S PANTRY501 - 7TH AVENUE TWO HARBORS,MN 55616	41-0907044	501(C)(3)		31,831	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)		89,726	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FAITH UNITED METHODIST CHURCH1531 HUGHITT AVENUE SUPERIOR,WI 54880	39-1840533	501(C)(3)		51,395	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FAMILY RESOURCE CENTER LSS507 - 9TH AVE SOUTH VIRGINIA,MN 55792	41-0872993	501(C)(3)		6,420	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FLOODWOOD FOOD SHELF 601 ASH STREET FLOODWOOD,MN 55736	41-1296075	501(C)(3)		18,645	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FLOODWOOD SERVICES & TRAININGS601 ASH STREET FLOODWOOD,MN 55736	41-1296075	501(C)(3)		3,356	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FRESHWATER VINEYARD 603 FAXON STREET SUPERIOR,WI 54880	16-1696730	501(C)(3)		26,043	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FRUIT OF THE VINE - VINEYARD1533 ARROWHEAD ROAD DULUTH,MN 55811	41-1680001	501(C)(3)		190,808	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
GIMAJIII (AICHO)202 W 2ND STREET DULUTH,MN 55802	41-1782394	501(C)(3)		3,862	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
GRAND MARAIS FOOD SHELF AEOAPO BOX 95 GRAND MARAIS,MN 55604	41-6052144	501(C)(3)		25,527	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
GRANT COMMUNITY COLLABORATIVE108 EAST 6TH STREET DULUTH,MN 55805	41-2002724	501(C)(3)		11,002	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
HOC FAXON HOUSEPO BOX 878 SUPERIOR,WI 54880	41-0777937	501(C)(3)		10,704	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
HOC HARMONY CLUB1730 E SUPERIOR STREET DULUTH,MN 55812	41-0777937	501(C)(3)		6,862	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
HOC OUTREACH CENTER25 - 10TH ST CLOQUET,MN 55720	41-0777937	501(C)(3)		3,623	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
HERNANTOWN FOOD SHELF 5028 MILLER TRUNK HIGHWAY HERMANTOWN,MN 55811	36-3479964	501(C)(3)		13,011	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
HIBBING FOOD SHELF1910 1/2 1ST AVENUE HIBBING,MN 55746	75-3132034	501(C)(3)		221,624	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
HIBBING SALVATION ARMY 107 WHOWARD STREET HIBBING,MN 55746	41-0698597	501(C)(3)		329,028	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
IRON COUNTY FOOD PANTRY72 MICHIGAN AVENUE MONTREAL,WI 54550	26-1879371	501(C)(3)		35,118	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)		29,786	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
KIDDY KAROUSEL3920 13TH AVENUE EAST HIBBING,MN 55746	41-1236276	501(C)(3)		6,409	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
LIFE HOUSE102 W 1ST STREET DULUTH,MN 55802	41-1704840	501(C)(3)		24,286	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
MESABI ACADEMY200 WANLESS STREET BUHL,MN 55713	41-1904179	501(C)(3)		31,301	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
MN TEEN CHALLENGE CENTER2 EAST SECOND STREET DULUTH,MN 55802	41-1517351	501(C)(3)		21,485	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
MOOSE LAKE FOOD SHELF 409 1/2 4TH STREET MOOSE LAKE,MN 55767	80-0642004	501(C)(3)		68,775	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
NEIGHBORHOOD YOUTH SERVICES310 N FIRST AVE W DULUTH,MN 55806	41-0693848	501(C)(3)		4,619	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
PROCTOR FOOD SHELF AEOA415 2ND STREET PROCTOR,MN 55810	41-6052144	501(C)(3)		27,855	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
QUAD CITY FOOD SHELF AEOA3 SOUTH BROADWAY GILBERT,MN 55741	41-6052144	501(C)(3)		117,715	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RED CLIFF FIRST PREVENTION FOOD SHELF 88385 PIKE ROAD HWY 13 BAYFIELD,WI 54814	39-1178866	501(C)(3)		9,551	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RIVER CHURCH1902 E 4TH STREET DULUTH,MN 55812	41-0911367	501(C)(3)		17,127	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RMH - CSP FOOD SHELF504 1ST STREET NORTH VIRGINIA,MN 55792	41-0849301	501(C)(3)		11,884	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RMH ADAPT CHILD VIRGINIA504 N 1ST STREET VIRGINIA,MN 55792	41-0849301	501(C)(3)		6,685	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RMH CSP ONSITE PROGRAM504 1ST STREET NORTH VIRGINIA,MN 55792	41-0849301	501(C)(3)		43,131	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RMH NORMA'S PLACE3203 WEST 3RD AVENUE HIBBING,MN 55746	41-0849301	501(C)(3)		12,867	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RMH TREATMENT CENTER 626 S 13TH STREET VIRGINIA,MN 55792	41-0849301	501(C)(3)		19,208	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RMH WELLSTONE CENTER 2124 CHANDLER AVENUE EVELETH,MN 55734	41-0849301	501(C)(3)		5,655	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RSI BRAY HOUSE120 - 3RD AVENUE N BIWABIK,MN 55708	41-1296663	501(C)(3)		7,133	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RSI LILLIAN2601 MORRIS THOMAS ROAD DULUTH,MN 55811	41-1296663	501(C)(3)		4,496	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)		30,526	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
SAFE HAVEN SHELTERPO BOX 3558 DULUTH,MN 55812	41-1317462	501(C)(3)		56,916	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)		11,170	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
SUPERIOR SALVATION ARMY916 HUGHITT AVENUE SUPERIOR,WI 54880	36-2167910	501(C)(3)		204,942	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
THE BRICK420 ELLIS AVENUE ASHLAND,WI 54806	61-1536545	501(C)(3)		172,225	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
TOWER FOOD SHELF AEOA PO BOX 463 TOWER,MN 55790	41-6052144	501(C)(3)		22,503	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
TRI COMMUNITY FOOD SHELF5597 HIGHWAY 210 CROMWELL,MN 55798	26-4571237	501(C)(3)		50,456	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
TWO HARBORS FOOD SHELF AEOA2124 - 10TH STREET AEOA BUILDING TWO HARBORS,MN 55616	41-6052144	501(C)(3)		104,885	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
UNION GOSPEL MISSION 219 E 1ST STREET DULUTH,MN 55802	41-0724066	501(C)(3)		103,076	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
UNITED WAY NE MN BACKPACK PROGRAM229 W LAKE STREET CHISHOLM,MN 55719	41-0908454	501(C)(3)		53,676	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
UNITED WAY SUPERIOR BACKPACK PROGRAM3701 TOWER AVENUE SUPERIOR,WI 54880	39-6084805	501(C)(3)		10,074	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
VIRGINIA SALVATION ARMY507 12TH AVENUE WEST VIRGINIA,MN 55792	41-0698597	501(C)(3)		95,712	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
WOODLAND HILLS4321 ALLENDALE AVENUE DULUTH,MN 55803	41-0693848	501(C)(3)		29,360	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
YWCA OF DULUTH411 N 57TH AVENUE W DULUTH,MN 55805	41-0696493	501(C)(3)		7,127	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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	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 assistance	(d) Type of assistance	(e) Purpose 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	109,665	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 organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	3,895,753	6,466,948	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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

2012

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
	FORM 990, PART XI, LINE 6	DONATED SERVICES FOR THE YEAR VALUED $117,590