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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
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SECOND HARVEST NORTH CENTRAL FOOD BANK

Doing Business As

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

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

D Employer identification number
41-1782776

E Telephone number
(218) 326-4420

G Gross receipts $ 6,052,959

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SECONDHARVESTNCFB COM

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

L Year of formation 1994

M State of legal domicile MN

Part I Summary

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

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

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**	12
6	Total number of volunteers (estimate if necessary)	**6**	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,606,193	5,078,762
9	Program service revenue (Part VIII, line 2g)	980,031	970,304
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,792	3,241
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	684	59
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,590,700	6,052,366
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,845,347	5,044,340
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)	523,413	501,375
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶19,429		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	495,112	513,329
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,863,872	6,059,044
19	Revenue less expenses Subtract line 18 from line 12	-273,172	-6,678

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,214,925	2,230,216
21	Total liabilities (Part X, line 26)	166,358	186,417
22	Net assets or fund balances Subtract line 21 from line 20	2,048,567	2,043,799

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

****** | 2013-09-25
Signature of officer | Date

SUSAN ESTEE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHRISTINE M STANZ		2013-09-25		P01319765

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746749

Firm's address ▶ 818 SECOND ST SO SUITE 320
WAITE PARK, MN 56387 | Phone no (320) 203-5500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

ENGAGING THE COMMUNITY TO END HUNGER

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 5,285,744 including grants of $ 4,848,171) (Revenue $ 619,472)

FOOD BANK DISTRIBUTION THE PRIMARY PROGRAM OF SECOND HARVEST NORTH CENTRAL FOOD BANK IS ACQUISITION, WAREHOUSING AND DISTRIBUTION OF DONATED FOOD AND RELATED GROCERY PRODUCTS TO THE OTHER NON-PROFIT AGENCIES THAT PROVIDE FOOD TO LOW-INCOME PEOPLE IN AITKIN, CASS, CROW WING, ITASCA, KANABEC, KOOCHICHING AND MILLE LACS COUNTIES IN MINNESOTA IN 2012 OVER 4 3 MILLION POUNDS OF FOOD WERE DISTRIBUTED THROUGH 139 AGENCIES AND DIRECTLY TO INDIVIDUALS THROUGH SECOND HARVEST PROGRAMS SECOND HARVEST PURCHASES GROCERY PRODUCTS THAT ARE DESIRABLE BUT RARELY DONATED FOR DISTRIBUTION TO AGENCIES AND RE-PACKS BULK PRODUCTS FOR MORE CONVENIENT DISTRIBUTION ELEVEN EMPLOYEES WORK IN WAREHOUSING, DELIVERY, ADMINISTRATION AND PROGRAMS VOLUNTEERS PROVIDE OVER 4,600 HOURS OF DONATED TIME TO SECOND HARVEST FOOD BANK OPERATIONS EVERY YEAR

4b (Code) (Expenses $ 166,293 including grants of $ 22,412) (Revenue $ 178,215)

GRAND RAPIDS FOOD SHELF THE GRAND RAPIDS FOOD SHELF IS THE FOOD PANTRY PROGRAM OF SECOND HARVEST FOOD BANK THE FOOD SHELF PROVIDES FOOD DIRECTLY TO PEOPLE IN NEED IN GRAND RAPIDS AND THE SURROUNDING AREA IN 2012, THERE WERE 10,566 HOUSEHOLD VISITS TO THE FOOD SHELF RESULTING IN THE DISTRIBUTION OF 671,485 POUNDS OF FOOD TO THOSE FAMILIES VOLUNTEERS GAVE 8,420 HOURS OF TIME TO THE FOOD SHELF IN 2012

4c (Code) (Expenses $ 141,008 including grants of $ 141,008) (Revenue $)

CSFP/MAC&NAPS PROGRAM MAC&NAPS IS THE COMMODITY SUPPLEMENTAL FOOD PROGRAM OF THE USDA AND CONTRACTED IN MINNESOTA THROUGH THE DEPARTMENT OF HEALTH IN 2012, 27,437 MOTHERS, CHILDREN AND SENIORS RECEIVED COMMODITY FOOD BOXES FROM THIS PROGRAM OVER 2,350 BOXES ARE PACKED AT SECOND HARVEST BY VOLUNTEERS EVERY MONTH AND DISTRIBUTED THROUGH 37 LOCATIONS IN THE SERVICE AREA

(Code) (Expenses $ 75,528 including grants of $) (Revenue $ 84,163)

ITASCA HOLIDAY PROGRAM THE ITASCA HOLIDAY PROGRAM PROVIDES HOLIDAY BOXES AND GIFTS FOR CHILDREN IN LOW-INCOME HOUSEHOLDS IN ITASCA COUNTY AND HILL CITY, SIMILAR TO THE HOLIDAY CLEARING BUREAU THE PROGRAM PROVIDES COMPREHENSIVE, NON-DUPLICATIVE, COMMUNITY SUPPORTED HELP TO NEEDY FAMILIES DURING THE HOLIDAYS IN 2012, 1,740 HOLIDAY FOOD BOXES, FRESH FRUIT AND GROCERY VOUCHERS WERE DISTRIBUTED TO NEEDY FAMILIES FROM 9 DIFFERENT LOCATIONS AND DONATED GIFTS WERE GIVEN TO 1,855 CHILDREN

(Code) (Expenses $ 58,406 including grants of $ 32,749) (Revenue $ 88,454)

KIDS PACK TO GO BACKPACK PROGRAM KIDS PACK MEAL SACKS ARE DISTRIBUTED THROUGH 23 ELEMENTARY SCHOOLS TO OVER 2,200 CHILDREN EACH MONTH KID FRIENDLY, NON - PERISHABLE FOOD IS SENT HOME WITH CHILDREN BY SCHOOL STAFF WHO DETERMINE WHICH STUDENTS MAY BE AT RISK OF HUNGER OVER LONG WEEKENDS IN 2012, 19,530 PACKS WERE DISTRIBUTED TO FOOD INSECURE SCHOOL CHILDREN

4d Other program services (Describe in Schedule O)

(Expenses $ 133,934 including grants of $ 32,749) (Revenue $ 172,617)

4e **Total program service expenses** ▶ 5,726,979

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	Yes	
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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more 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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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	8		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12		
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**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

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

☑ Own website ☑ Another's website ☑ Upon request ☐ 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 ▶ ALICE SVIGEL 2222 CROMELL DR GRAND RAPIDS, MN (218) 326-4420

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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) DEB PAGE PRESIDENT	1 00	X		X				0	0	0
(2) ROBERT DUNNELL VICE PRESIDENT	50	X		X				0	0	0
(3) ALANA HUGHES SECRETARY	50	X		X				0	0	0
(4) AMY TRAST TREASURER	50	X		X				0	0	0
(5) MAVIS CONNOLLY DIRECTOR	50	X						0	0	0
(6) ANDY STAMSAN DIRECTOR	50	X						0	0	0
(7) DARYL ERDMAN DIRECTOR	50	X						0	0	0
(8) FREIDA HALL DIRECTOR	50	X						0	0	0
(9) DEE HILLSTROM DIRECTOR	50	X						0	0	0
(10) JOHN WEYER DIRECTOR	50	X						0	0	0
(11) BILL WHEELER DIRECTOR	50	X						0	0	0
(12) ROBERTA ZIMMERMAN DIRECTOR	50	X						0	0	0
(13) SUSAN ESTEE EXECUTIVE DIRECTOR	40 00			X				74,454	0	12,050
(14) ALICE SVIGEL FINANCE MANAGER	40 00			X				41,600	0	9,597

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)** ▶								116,054	0	21,647

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 10,000				
	b	Membership dues	1b				
	c	Fundraising events	1c 13,075				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 1,026,241				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 4,029,446				
	g	Noncash contributions included in lines 1a-1f $	4,126,214				
	h	**Total.** Add lines 1a-1f		5,078,762			
Program Service Revenue			Business Code				
	2a	FOOD DISTRIBUTION	624200	965,604	965,604		
	b	AGENCY MEMBERSHIP DUES	624200	4,700	4,700		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		970,304			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,241			3,241
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including $ 13,075 of contributions reported on line 1c) See Part IV, line 18	a 0				
	b	Less direct expenses	b 593				
	c	Net income or (loss) from fundraising events		-593			-593
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	652			652
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		652			
	12	**Total revenue.** See Instructions		6,052,366	970,304	0	3,300

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	3,148,355	3,148,355		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,895,985	1,895,985		
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	129,672	37,594	89,148	2,930
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	287,582	196,475	90,988	119
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,222	14,461	10,580	181
9 Other employee benefits	27,977	21,207	6,627	143
10 Payroll taxes	30,922	17,729	12,971	222
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	21,645	7,576	14,069	
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)	16,446	5,756	10,690	
12 Advertising and promotion	635		635	
13 Office expenses	111,939	67,514	31,894	12,531
14 Information technology				
15 Royalties . .				
16 Occupancy	40,968	36,871	4,097	
17 Travel	59,005	56,281	2,678	46
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,377	2,589	1,894	2,894
20 Interest	7,070	6,363	707	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	102,961	92,665	10,296	
23 Insurance	13,276	11,948	1,328	
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 MISCELLANEOUS EXPENSE	50,586	29,004	21,219	363
b CLUSTER EXPENSE	38,702	38,702		
c FREIGHT & STORAGE	27,671	27,671		
d REPACKING	7,931	7,931		
e All other expenses	7,117	4,302	2,815	
25 **Total functional expenses.** Add lines 1 through 24e	6,059,044	5,726,979	312,636	19,429
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			1	
	2	Savings and temporary cash investments		115,200	2	224,750
	3	Pledges and grants receivable, net		5,000	3	5,000
	4	Accounts receivable, net		61,870	4	38,387
	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		571,592	8	573,518
	9	Prepaid expenses and deferred charges		9,539	9	9,200
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,084,309			
	b	Less accumulated depreciation	10b 812,137	1,348,958	10c	1,272,172
	11	Investments—publicly traded securities		102,766	11	107,189
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,214,925	16	2,230,216
Liabilities	17	Accounts payable and accrued expenses		85,462	17	91,828
	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		74,097	23	89,687
	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		6,799	25	4,902
	26	**Total liabilities.** Add lines 17 through 25		166,358	26	186,417
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		2,003,797	27	1,995,304
	28	Temporarily restricted net assets		7,944	28	11,669
	29	Permanently restricted net assets		36,826	29	36,826
		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		2,048,567	33	2,043,799
	34	Total liabilities and net assets/fund balances		2,214,925	34	2,230,216

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	6,052,366
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,059,044
3	Revenue less expenses Subtract line 2 from line 1	3	-6,678
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,048,567
5	Net unrealized gains (losses) on investments	5	1,910
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	2,043,799

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 NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

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

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

1 ☐ A church, convention of churches, or association of churches 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 ")	3,634,378	4,269,399	4,218,251	4,606,193	5,078,762	21,806,983
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,634,378	4,269,399	4,218,251	4,606,193	5,078,762	21,806,983
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)						1,058,469
6 **Public support.** Subtract line 5 from line 4						20,748,514

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	3,634,378	4,269,399	4,218,251	4,606,193	5,078,762	21,806,983
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,854	2,616	3,562	3,792	3,241	17,065
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)	741	876	945	870	652	4,084
11 **Total support** (Add lines 7 through 10)						21,828,132

12 Gross receipts from related activities, etc (see instructions)	12	4,646,606

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	95 050 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	98 170 %

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

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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 NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or 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	39,770	36,875	15,698	13,406	
b	Contributions		3,830	17,920		
c	Net investment earnings, gains, and losses	4,144	-551	3,515	2,433	
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	420	384	258	141	
g	End of year balance	43,494	39,770	36,875	15,698	

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 84 670 %
- c Temporarily restricted endowment ▶ 15 330 %

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		85,480		85,480
b Buildings		1,564,131	468,757	1,095,374
c Leasehold improvements				
d Equipment		434,698	343,380	91,318
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,272,172

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	
COPIER LEASE	4,902
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,902

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	6,054,869
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,910		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	593		
e	Add lines **2a** through **2d**			2e	2,503
3	Subtract line **2e** from line **1**			3	6,052,366
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	6,052,366

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

1	Total expenses and losses per audited financial statements			1	6,059,637
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	593		
e	Add lines **2a** through **2d**			2e	593
3	Subtract line **2e** from line **1**			3	6,059,044
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			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	6,059,044

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	TO SUPPORT THE GENERAL OPERATIONS OF THE FOOD BANK
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FOOD BANK IS A MINNESOTA NONPROFIT CORPORATION AND IS EXEMPT FROM INCOME TAXES UNDER CODE SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THEREFORE, A PROVISION FOR INCOME TAXES IS NOT REQUIRED IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE THE ORGANIZATION'S 2009-2011 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES THE ORGANIZATION FILES AS A TAX EXEMPT ORGANIZATION, SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION WOULD BE SUBJECT TO REVIEW BY THE IRS
PART XI, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS (FUNDRAISING) EXPENSES 593
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS (FUNDRAISING) EXPENSES 593

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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 NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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 . . . . . ▶ 70

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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) FOOD FOR INDIGENTS	186667		1,588,046	AVG WHOLESALE VALUE	FOOD

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

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAINERD SA FOOD SHELF PO BOX 385 BRAINERD,MN 56401	41-0698597	501(C)(3)		639,182	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MILACA AREA PANTRYPO BOX 133 MILACA,MN 56353	41-1628297	501(C)(3)		188,727	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LAKES AREA FOOD SHELF PO BOX 724 NISSWA,MN 56468	41-1715784	501(C)(3)		155,412	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
CASS LAKE FOOD SHELFPO BOX 785 CASS LAKE,MN 56633	41-1822014	501(C)(3)		137,515	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
DEER RIVER FOOD SHELF PO BOX 2 DEER RIVER,MN 56636	41-1476506	501(C)(3)		119,082	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
CUYUNA FOOD SHELFPO BOX 33 CROSBY,MN 56441	41-0846442	501(C)(3)		114,831	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
WALKER FOOD SHELFPO BOX 1101 WALKER,MN 56484	41-1517569	501(C)(3)		103,314	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
EMILY FOOD SHELF42145 BIRCHWOOD DRIVE EMILY,MN 56447	41-1728508	501(C)(3)		99,785	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
ONAMIA FOOD SHELF-FAMILY PATHWPO BOX 65 ONAMIA,MN 56359	41-1332828	501(C)(3)		83,687	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MORA FOOD PANTRYPO BOX 434 MORA,MN 55051	41-1457824	501(C)(3)		83,649	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LONGVILLE FOOD SHELFPO BOX 308 LONGVILLE,MN 56655	41-1817453	501(C)(3)		76,082	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
PRINCETON PANTRY104 6TH AVE SOUTH PRINCETON,MN 55371	41-1589398	501(C)(3)		74,849	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
FALLS HUNGER COALITION INC1000 5TH STREET INTERNATIONAL FALLS,MN 56649	36-3602229	501(C)(3)		62,749	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
COMM FOOD SHELF AT FIRST LUTH107 SECOND ST SE AITKIN,MN 56431	41-0711461	501(C)(3)		57,714	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
BRAINERD FIRST BAPTIST CHURCH7398 FAIRVIEW ROAD NW BAXTER,MN 56425	41-6029149	501(C)(3)		51,274	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
GARRISON AREA CAREGIVERSPO BOX 336 GARRISON,MN 56450	20-2899659	501(C)(3)		51,053	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
HUNGER SOLUTIONS MN 555 PARK STREET ST PAUL,MN 55103	36-3567366	501(C)(3)		50,913	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NEIGHBORS HELPING NEIGHBORS FSPO BOX 101 NASHWAUK,MN 55769	27-1685000	501(C)(3)		46,766	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
PINE RIVER FOOD SHELF PO BOX 282 PINE RIVER,MN 56474	41-1354442	501(C)(3)		43,565	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MILLE LACS ACADEMY407 130TH AVENUE SOUTH ONAMIA,MN 56359	41-1419064	501(C)(3)		43,247	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
HACKENSACK COMM FOOD SHELFPO BOX 451 BREEZY POINT,MN 56472	41-0757868	501(C)(3)		40,756	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MN FOOD BANK NETWORK 555 PARK STREET ST PAUL,MN 55103	36-3567366	501(C)(3)		40,227	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
CROSS LAKE FOOD SHELF PO BOX 253 CROSS LAKE,MN 56442	41-1397273	501(C)(3)		38,017	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MCGREGOR FOODSHELF 45898 STATE HIGHWAY 65 MC GREGOR,MN 55760	41-1749827	501(C)(3)		37,673	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
FATHER'S HEART AND HANDSPO BOX 195 REMER,MN 56672		501(C)(3)		31,408	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHERN ITASCA FOOD SHELF306 GOLF COURSE LANE 7 BIGFORK,MN 56628	36-3512185	501(C)(3)		31,204	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
OGILVIE FOOD SHELFPO BOX 117 OGILVIE,MN 56358	41-1937148	501(C)(3)		30,955	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
HILL CITY AREA FOOD SHELFPO BOX 437 HILL CITY,MN 55748	23-7154390	501(C)(3)		29,416	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MN TEEN CHALLENGE2424 BUSINESS 371 BRAINERD,MN 56401	41-1517351	501(C)(3)		27,377	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
COMMUNITY CAFE'PO BOX 5192 GRAND RAPIDS,MN 55744	20-1239743	501(C)(3)		25,639	AVG WHOLSALE VALUE	FOOD	TO END HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE LLAPO BOX 817 CASS LAKE,MN 56633	41-1929446	501(C)(3)		25,581	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
COMMUNITY CARE-N-SHARE40141 STATE HWY 6 EMILY,MN 56447	41-1479290	501(C)(3)		24,558	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
PINE RIVERBACKUS FAMILY CENTEPO BOX 1 PINE RIVER,MN 56474	41-1851010	501(C)(3)		21,844	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHLAND RECOVERY CENTER1215 SOUTHEAST 7TH AVE GRAND RAPIDS,MN 55744	41-0859738	501(C)(3)		19,781	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
INT'L FALLS SA FOOD SHELFPO BOX 592 INTERNATIONAL FALLS,MN 56649	41-0698597	501(C)(3)		19,748	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
PILLAGER FOOD SHELF305 FIR AVE WEST PILLAGER,MN 56473	41-1811057	501(C)(3)		19,289	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
SOLID ROCK CHURCH OF GOD555 LAPRAIRIE AVENUE GRAND RAPIDS,MN 55744	41-1324457	501(C)(3)		17,810	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHERN LAKES FOOD BANK4503 AIR PARK BLVD DULUTH,MN 55811	36-3479964	501(C)(3)		17,580	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NOOPIMING PUBLIC HEALTH CSFP17230 NOOPIMING DRIVE ONAMIA,MN 56359		501(C)(3)		17,306	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
SHARING BREAD SOUP KITCHEN923 OAK STREET BRAINERD,MN 56401	41-1634222	501(C)(3)		17,152	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
SERENITY MANORPO BOX 27 MORA,MN 55051	41-1239056	501(C)(3)		16,291	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
ISLE AREA FOOD SHELF 5589 TRILLIUM ROAD ISLE,MN 56342	41-1556337	501(C)(3)		14,376	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTH HOMES INC1880 RIVER ROAD GRAND RAPIDS,MN 55744	41-1682025	501(C)(3)		13,993	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
JACOBSON FOOD SHELFPO BOX 616 JACOBSON,MN 55752	41-1461906	501(C)(3)		13,248	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHOME FOOD SHELF PO BOX 236 NORTHOME,MN 56661	41-1509377	501(C)(3)		12,922	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
SOMETHING COOLPO BOX 99 MCGREGOR,MN 55760	41-1941630	501(C)(3)		11,385	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LSS-PINE RIVER SR NUTRITION445 SNELL AVENUE PINE RIVER,MN 56474	41-0872993	501(C)(3)		10,431	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
PINEHAVEN YOUTH & FAMILY SER13417 CYPRUS DRIVE BRAINERD,MN 56401	13-4355222	501(C)(3)		9,772	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
GRAND RAPIDS SALVATION ARMY20734 HIGHWAY 169 SOUTH GRAND RAPIDS,MN 55744	41-0698597	501(C)(3)		8,793	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LSS-WALKER NUTRITION CENTER508 8TH AVENUE SW WALKER,MN 56484	41-0872993	501(C)(3)		8,076	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
HOPE HOUSE604 SOUTH POKEGAMA AVE GRAND RAPIDS,MN 55744	36-3415460	501(C)(3)		7,885	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
YMCA-WEEFOLKS400 RIVER ROAD GRAND RAPIDS,MN 55744	41-1358634	501(C)(3)		7,858	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
VOA- OUR HOME40392 75TH AVENUE WAHKON,MN 56386	41-1554078	501(C)(3)		6,866	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
YMCA-BRUCE BAUER CENTER400 RIVER ROAD GRAND RAPIDS,MN 55744	41-1358634	501(C)(3)		6,866	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHLAND COUNSELING-SPEAR'S408 2ND AVE SE GRAND RAPIDS,MN 55744	41-0859738	501(C)(3)		6,780	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
VOA PRINCETON903 4TH STREET PRINCETON,MN 55371	41-1554078	501(C)(3)		6,669	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHLAND COUNSELING-MAPLEWOOD402 SE 13TH STREET GRAND RAPIDS,MN 55744	41-0859738	501(C)(3)		6,599	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LSS BRAINERD SENIOR DINING803 KINGWOOD STREET BRAINERD,MN 56401	41-0872993	501(C)(3)		6,331	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LSS GARLAND1060 SW 1ST STREET GRAND RAPIDS,MN 55744	41-1568278	501(C)(3)		6,244	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
THE WAREHOUSEPO BOX 195 PINE RIVER,MN 56474	41-1303842	501(C)(3)		6,072	AVG WHOLSALE VALUE	FOOD	TO END HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUP FOR THE SOUL536 SOUTH UNION STREET MORA,MN 55051	45-5549715	501(C)(3)		6,054	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
PRINCETON SENIOR DINING604 SOUTH 3RD STREET PRINCETON,MN 55371	53-0196617	501(C)(3)		5,820	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
LSS-GLENWOOD SLS2495 GLENWOOD DRIVE GRAND RAPIDS,MN 55744	41-1568278	501(C)(3)		5,747	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
MORA SENIOR DINING470 BEAN AVE MORA,MN 55051	53-0196617	501(C)(3)		5,642	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHLAND COUNSELING-SYLVAN BA 901 4TH STREET SW GRAND RAPIDS,MN 55744	41-0859738	501(C)(3)		5,490	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
QUAMBA FOOD SHELF 26340 WHITED AVE BROOK PARK,MN 55007	41-1425217	501(C)(3)		5,449	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
GREAT PLAINS FOOD BANK 1720 3RD AVE NORTH FARGO,ND 58107	45-0226421	501(C)(3)		5,261	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NORTHLAND COUNSELING FOSTER CA1307 POKEGAMA AVE SOUTH GRAND RAPIDS,MN 55744	41-0859738	501(C)(3)		5,050	AVG WHOLSALE VALUE	FOOD	TO END HUNGER
NEW TRAILS GROUP HOME 312 SOUTH ELM STREET ONAMIA,MN 56359	41-1419064	501(C)(3)		5,029	AVG WHOLSALE VALUE	FOOD	TO END HUNGER

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the 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 NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) 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	34	4,126,214	AVG WHOLESALE VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell 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

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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 NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	OFFICERS AND THE BOARD PRESIDENT REVIEW PRIOR TO FILING BOARD MEMBERS REVIEW AN OVERHEAD PRESENTATION AT A BOARD MEETING BOARD MEMBERS ARE PROVIDED A PRINTED COPY OF THE 990 AT THE MEETING AND CAN DOWNLOAD IT FROM ORGANIZATION'S WEBSITE
	FORM 990, PART VI, SECTION B, LINE 12C	EACH EMPLOYEE AND BOARD MEMBER SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE EMPLOYEE OR BOARD MEMBER IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST OCCURRING SUCH RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE SERVICE AS A DIRECTOR OF OR CONSULTANT TO A NONPROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO SECOND HARVEST NORTH CENTRAL FOOD BANK ANY SUCH INFORMATION REGARDING BUSINESS INTERESTS OF AN EMPLOYEE, BOARD MEMBER OR A FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE EXECUTIVE DIRECTOR, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST EMPLOYEES, WHO HAVE A CONFLICT OF INTEREST THAT IS NOT SUBJECT TO BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO THE CHAIR OR THE CHAIR'S DESIGNEE ANY CONFLICT OF INTEREST IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXITS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO THE CHAIR AND THE CHAIR'S DESIGNEE, WHO SHALL DETERMINE WHETHER THERE EXISTS A CONFLICT OF INTEREST THAT IS SUBJECT TO THE ESTABLISHED SECOND HARVEST CONFLICT OF INTEREST POLICY PRIOR TO BOARD OR COMMITTEE ACTION INVOLVING A CONFLICT OF INTEREST, A BOARD MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL MATERIAL FACTS PERTAINING TO THE CONFLICT OF INTEREST POLICY THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING
	FORM 990, PART VI, SECTION B, LINE 15	THE SECOND HARVEST NORTH CENTRAL FOOD BANK HAS IN PLACE SALARY RANGES FOR ALL EMPLOYEES BASED ON INFORMATION FROM THE FEEDING AMERICA NETWORK ACTIVITY REPORT UPDATED ANNUALLY WITH INPUT FROM THE FEEDING AMERICA FOOD BANK MEMBERS SECOND HARVEST NORTH CENTRAL FOOD BANK ALSO BELONGS TO THE MINNESOTA COUNCIL OF NONPROFITS (MCN) AND PARTICIPATES IN THE ANNUAL SALARY SURVEY CONDUCTED BY MCN AND PUBLISHED FOR USE BY ITS MEMBERS THESE TWO SOURCES ARE USED TO SET ANNUAL SALARY RANGES FOR ALL FOOD BANK STAFF, INCLUDING THE EXECUTIVE DIRECTOR THE SUPPORTING DOCUMENTS FROM THE NAR AND THE MCN SALARY SURVEY ARE PROVIDED TO THE BOARD PRESIDENT AND PERSONNEL COMMITTEE THE BOARD USES THE INFORMATION TO SET THE SALARY FOR THE EXECUTIVE DIRECTOR THE EXECUTIVE DIRECTOR USES THE INFORMATION TO SET THE SALARIES OF THE REST OF THE EMPLOYEES THE PROCESS AND COMPENSATION DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED AND INCLUDE REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION IN 2012
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC