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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 private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK		D Employer identification number 36-3479964
	Doing business as		E Telephone number (218) 727-5653
	Number and street (or P O box if mail is not delivered to street address) 4503 AIRPARK BLVD	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55811		G Gross receipts \$ 9,988,770
	F Name and address of principal officer JUDITH VAN DELL 4503 AIRPARK BLVD DULUTH, MN 55811		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: ▶ HTTP //WWW.NORTHERNLAKESFOODBANK.ORG/			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1983	M State of legal domicile MN

Part I		Summary		
Activities & Governance	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			
	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 2015 (Part V, line 2a)	5	19
Activities & Governance	6	Total number of volunteers (estimate if necessary)	6	1,417
	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
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	8,906,127	8,876,351
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	978,794	1,028,886
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,518	32,247
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-7,284	-7,542
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,928,155	9,929,942
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,712,970	8,343,179
	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)	684,205	721,084
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 254,498		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	747,861	706,936
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,145,036	9,771,199
	19	Revenue less expenses Subtract line 18 from line 12	-216,881	158,743
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	4,676,439	4,785,640
	21	Total liabilities (Part X, line 26)	43,092	47,084
	22	Net assets or fund balances Subtract line 21 from line 20	4,633,347	4,738,556

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	*****			2016-06-01	
	Signature of officer			Date	
	JUDITH VAN DELL BOARD CHAIR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JULIE BOYER		Preparer's signature JULIE BOYER		Date
	Check ☐ if self-employed			PTIN P01278549	
	Firm's name  RSM US LLP			Firm's EIN  42-0714325	
Firm's address  227 W FIRST ST STE 700 DULUTH, MN 558021926			Phone no (218) 727-5025		

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 7,514,462 including grants of \$ 6,688,025) (Revenue \$ 814,999)

SECOND HARVEST NORTHERN LAKES FOOD BANK'S PRIMARY PROGRAM IS FOOD BANKING AS THE ONLY "FOOD BANK" SERVING NE MINNESOTA (ST LOUIS, CARLTON, LAKE AND COOK COUNTIES) AND NW WISCONSIN (DOUGLAS, BAYFIELD, ASHLAND AND IRON COUNTIES), WE RESCUE NATIONALLY AND REGIONALLY DONATED FOOD FROM MANUFACTURERS, WHOLESALERS, RETAILERS AND GROWERS, FOR DISTRIBUTION TO OVER 75 NON-PROFIT AGENCY PARTNERS (SOUP KITCHENS, FOOD SHELVES, SHELTERS AND OTHER CHARITABLE PARTNERS) IN 2015, WE PROVIDED OVER 4 1 MILLION POUNDS OF FOOD AND GROCERY PRODUCT, THE EQUIVALENT OF 3 3 MILLION MEALS, TO OUR AGENCY PARTNERS WE ESTIMATE THAT OUR NATIONALLY AND REGIONALLY DONATED FOOD REACHES AND FEEDS 44,000 PEOPLE IN NEED EACH YEAR VOLUNTEERS ARE CRITICAL TO OUR FOOD BANK AND ITS OPERATIONS IN FACT, IN 2015 VOLUNTEERS CONTRIBUTED 4,596 HOURS TO OUR FOOD BANK PROGRAM WHICH WAS THE EQUIVALENT OF 2 21 FULL-TIME POSITIONS AT OUR FOOD BANK

4b

(Code) (Expenses \$ 693,762 including grants of \$ 616,884) (Revenue \$ 43,208)

THE HERMANTOWN AREA FOOD SHELF IS A PROGRAM OF SECOND HARVEST NORTHERN LAKES FOOD BANK IN 2015, WE PROVIDED FOOD SHELF SERVICE DIRECTLY TO AN AVERAGE OF 774 IN-NEED CHILDREN, ADULTS AND SENIORS PER MONTH WHO RESIDE IN HERMANTOWN OR COMMUNITIES NORTH WE DISTRIBUTED 401,426 POUNDS OF FOOD AND GROCERY PRODUCT TO OUR FOOD SHELF PARTICIPANTS WHICH IS THE EQUIVALENT OF 321,141 MEALS ON AVERAGE, OUR FOOD SHELF PARTICIPANTS RECEIVED AN 14-DAY SUPPLY OF FOOD AS PART OF OUR MONTHLY SERVICE OUR NAPS PROGRAM RELIES HEAVILY ON OPERATED ALMOST ENTIRELY BY VOLUNTEERS IN FACT, IN 2015 VOLUNTEERS CONTRIBUTED 3,832 HOURS OF SERVICE OR 92% OF THE HOURS NEEDED TO CARRY OUT THIS PROGRAM WHICH WAS THE EQUIVALENT OF A 1 84 FULL-TIME POSITION AT OUR FOOD BANK

4c

(Code) (Expenses \$ 711,834 including grants of \$ 622,285) (Revenue \$ 62,006)

THE NUTRITION ASSISTANCE PROGRAM FOR SENIORS (NAPS) IS A FEDERAL COMMODITY FOOD PROGRAM ADMINISTERED BY THE MINNESOTA DEPARTMENT OF HEALTH AND IMPLEMENTED LOCALLY BY SECOND HARVEST NORTHERN LAKES FOOD BANK IN 2015, WE PROVIDED COMMODITY FOOD BOXES TO AN AVERAGE OF 892 IN-NEED SENIORS PER MONTH THROUGHOUT NE MINNESOTA WE DISTRIBUTED 362,944 POUNDS OF FOOD OR THE EQUIVALENT OF 290,355 MEALS ON AVERAGE, OUR NAPS PARTICIPANTS RECEIVED AN 11-DAY SUPPLY OF FOOD AS PART OF OUR MONTHLY SERVICE OUR NAPS PROGRAM RELIES HEAVILY ON VOLUNTEERS IN FACT IN 2015, VOLUNTEERS CONTRIBUTED 2,902 HOURS OF SERVICE OR THE EQUIVALENT OF A 1 40 FULL-TIME POSITION AT OUR FOOD BANK

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 473,643 including grants of \$ 415,985) (Revenue \$ 108,673)

4e

Total program service expenses

9,393,701

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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	8	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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.	19	
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring 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 or note to any line 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		
	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		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		No

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

	Yes	No
10a		No
b		
11a	Yes	
b		
12a	Yes	
b	Yes	
c	Yes	
13	Yes	
14	Yes	
15		
a	Yes	
b	Yes	
16a		No
b		
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, address, and telephone number of the person who possesses the organization's books and records	SHAYE J MORIS 4503 AIRPARK BLVD DULUTH, MN 55811 (218) 727-5653

Part VII

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

Check if Schedule O contains a response or note to any line 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) JUDITH VAN DELL BOARD CHAIR	0 45	X		X				0	0	0
(2) DAWN ERICKSON BOARD VICE CHAIR	0 35	X		X				0	0	0
(3) PAMELA KRALL BOARD TREASURER	0 45	X		X				0	0	0
(4) MARY BERUBE BOARD SECRETARY	0 35	X		X				0	0	0
(5) JANET BAUMGARTNER BOARD MEMBER	0 35	X						0	0	0
(6) ERIN BRADSHAW BOARD MEMBER	0 35	X						0	0	0
(7) DOUG KING BOARD MEMBER	0 35	X						0	0	0
(8) WADE PETRICH BOARD MEMBER	0 35	X						0	0	0
(9) REBA RICE BOARD MEMBER	0 35	X						0	0	0
(10) JON VINJE BOARD MEMBER	0 35	X						0	0	0
(11) ADAM LANG BOARD MEMBER	0 35	X						0	0	0
(12) MATTHEW MINER BOARD MEMBER	0 35	X						0	0	0
(13) TERESA O'TOOLE BOARD MEMBER	0 35	X						0	0	0
(14) MICHAEL GAY BOARD MEMBER	0 35	X						0	0	0

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	97,017	0	13,213

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? <i>If "Yes," complete Schedule J for such individual</i>		
	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? <i>If "Yes," complete Schedule J for such individual</i>		
	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? <i>If "Yes," complete Schedule J for such person</i>		
	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 or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	48,329				
	b	Membership dues	1b					
	c	Fundraising events	1c	97,211				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,730,811				
	g	Noncash contributions included in lines 1a-1f \$		7,606,368				
	h	Total. Add lines 1a-1f			8,876,351			
Program Service Revenue			Business Code					
	2a	FOOD BANKING		624200	814,999	814,999		
	b	BACKPACK PROGRAM		624200	67,225	67,225		
	c	NAPS		624200	62,006	62,006		
	d	HERMANTOWN AREA FOOD S		624200	43,208	43,208		
	e	MOBILE FOOD PANTRY PRO		624200	41,448	41,448		
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,028,886			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		26,633			26,633	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		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 \$ 97,211 of contributions reported on line 1c) See Part IV, line 18						
	a		3,936					
	b	Less direct expenses	b	11,478				
	c	Net income or (loss) from fundraising events . .		-7,542				
	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			9,929,942	1,028,886	0	24,705	

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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	6,723,862	6,723,862		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,619,317	1,619,317		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	110,230	87,564	13,724	8,942
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	513,533	407,937	63,939	41,657
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	52,477	41,686	6,534	4,257
10	Payroll taxes	44,844	35,623	5,583	3,638
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	18,081	14,465	3,616	
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	14,466	3,761	1,736	8,969
13	Office expenses	233,552	45,903	9,331	178,318
14	Information technology				
15	Royalties				
16	Occupancy	57,708	51,937	5,771	
17	Travel	10,440	8,188	2,252	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,520	8,520		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	139,123	139,123		
23	Insurance	40,233	35,620	4,613	
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	129,925	129,925		
b	DUES	28,411	14,125	5,569	8,717
c	REPAIRS AND MAINTENANCE	24,018	23,686	332	
d	MISCELLANEOUS	2,459	2,459		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,771,199	9,393,701	123,000	254,498
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 or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			286,275	1	98,425
	2	Savings and temporary cash investments			15,411	2	164,883
	3	Pledges and grants receivable, net			0	3	9,205
	4	Accounts receivable, net			40,773	4	81,044
	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			710,582	8	852,458
	9	Prepaid expenses and deferred charges			0	9	5,797
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	3,381,332			
	b	Less: accumulated depreciation	10b	1,204,157	2,302,714	10c	2,177,175
	11	Investments—publicly traded securities			1,192,513	11	1,270,248
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
Liabilities	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			128,171	15	126,405
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,676,439	16	4,785,640
	17	Accounts payable and accrued expenses			43,092	17	47,084
	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	
Net Assets or Fund Balances	23	Secured mortgages and notes payable to unrelated third parties				23	
	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			43,092	26	47,084
		Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			4,536,310	27	4,638,344
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets			97,037	29	100,212
		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			4,633,347	33	4,738,556
	34	Total liabilities and net assets/fund balances			4,676,439	34	4,785,640

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,929,942
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,771,199
3	Revenue less expenses Subtract line 2 from line 1	3	158,743
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,633,347
5	Net unrealized gains (losses) on investments	5	-53,534
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	4,738,556

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? 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	2a	No
2b Were the organization's financial statements audited by an independent accountant? 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	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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
3b 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

Software ID:

Software Version:

EIN: 36-3479964

Name: SECOND HARVEST NORTHERN LAKES FOOD BANK

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

(Code	) (Expenses \$	473,643	including grants of \$	415,985) (Revenue \$	108,673)
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MOBILE FOOD PANTRY PROGRAMS ARE OPERATED BY SECOND HARVEST NORTHERN LAKES FOOD BANK TO SUPPLEMENT FOOD DISTRIBUTION IN NE MINNESOTA AND NW WISCONSIN COMMUNITIES WHERE SERVICE IS LIMITED OR IN GREATER DEMAND THAN LOCAL RESOURCES ARE AVAILABLE. IN 2015, WE PROVIDED SERVICE IN THREE (3) LOCATIONS SERVING AN AVERAGE OF 786 IN-NEED CHILDREN, ADULTS AND SENIORS PER MONTH. WE DISTRIBUTED 218,985 POUNDS OF FOOD AND GROCERY PRODUCT TO OUR PANTRY PARTICIPANTS WHICH IS THE EQUIVALENT OF 175,188 MEALS. ON AVERAGE, OUR MOBILE FOOD PANTRY PARTICIPANTS RECEIVED AN 8-DAY SUPPLY OF FOOD FOR EACH MEMBER IN THEIR HOUSEHOLD AT EACH VISIT. THE BACKPACK PROGRAM IS OPERATED BY SECOND HARVEST NORTHERN LAKES FOOD BANK, IN PARTNERSHIP WITH REGIONAL SCHOOLS, TO PROVIDE FOOD TO CHILDREN IN NEED ON WEEKENDS WHEN THEY MAY BE MISSING THEIR FEDERALLY SUBSIDIZED SCHOOL BREAKFAST AND/OR LUNCH. IN 2015, WE PROVIDED 26,026 BAGS OF FOOD TO CHILDREN IN NEED. WE DISTRIBUTED 91,091 POUNDS OF FOOD OR THE EQUIVALENT OF 72,873 MEALS. ON AVERAGE OUR BACKPACK PROGRAM PARTICIPANTS RECEIVED 3-5 MEALS/SNACKS AS PART OF OUR SERVICE. IN 2015, VOLUNTEERS CONTRIBUTED 1,651 HOURS OF SERVICE OR THE EQUIVALENT OF A .79 FULL-TIME POSITION AT OUR FOOD BANK.

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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 (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2015.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—2014.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—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
b	10%-facts-and-circumstances test—2014.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 VI 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 IIISupport 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,577,585	7,485,317	8,244,323	8,906,127	8,876,351	40,089,703
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	839,886	963,286	948,983	978,794	1,028,886	4,759,835
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	7,417,471	8,448,603	9,193,306	9,884,921	9,905,237	44,849,538
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts 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
cAdd lines 7a and 7b						0
8Public support. (Subtract line 7c from line 6.)						44,849,538

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9Amounts from line 6	7,417,471	8,448,603	9,193,306	9,884,921	9,905,237	44,849,538
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,933	20,265	20,291	28,205	26,633	118,327
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	22,933	20,265	20,291	28,205	26,633	118,327
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	949					949
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13Total support. (Add lines 9, 10c, 11, and 12.)	7,441,353	8,468,868	9,213,597	9,913,126	9,931,870	44,968,814
14First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage		
15Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99.730%
16Public support percentage from 2014 Schedule A, Part III, line 15	16	99.540%

Section D. Computation of Investment Income Percentage		
17Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0.260%
18Investment income percentage from 2014 Schedule A, Part III, line 17	18	0.270%
19a33 1/3% support tests—2015.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. ☒		
b33 1/3% support tests—2014.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. ☐		
20Private foundation.If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐		

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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" on 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, handling of violations, and enforcing conservation easements during the year
► _____

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on 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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	128,171	119,996	100,783	90,218	60,532
b Contributions	3,175	3,650	9,164	710	10,096
c Net investment earnings, gains, and losses	-3,639	5,933	11,268	10,930	19,590
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,298	1,408	1,219	1,075	
g End of year balance	126,409	128,171	119,996	100,783	90,218

2

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

a

Board designated or quasi-endowment

79 280 %

b

Permanent endowment

20 720 %

c

Temporarily restricted endowment

The percentages on 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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		44,313		44,313
b Buildings		2,428,981	622,159	1,806,822
c Leasehold improvements		105,890	14,154	91,736
d Equipment		773,941	558,576	215,365
e Other		28,207	9,268	18,939
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,177,175

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	9,875,110
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-53,534
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-1,298
e	Add lines 2a through 2d	2e	-54,832
3	Subtract line 2e from line 1	3	9,929,942
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	9,929,942

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	9,769,901
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	9,769,901
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	1,298
c	Add lines 4a and 4b	4c	1,298
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	5	9,771,199

Part XIII

Supplemental Information

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.

Return Reference	Explanation
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
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 2012.
PART XI, LINE 2D - OTHER ADJUSTMENTS	BANK CHARGES FROM ENDOWMENT FUND -1,298
PART XII, LINE 4B - OTHER ADJUSTMENTS	BANK CHARGES FROM ENDOWMENT FUND 1,298

[illegible]

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" on Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |
- 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?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

.....

.....

Part II Fundraising Events.

Complete if the organization answered "Yes" on 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.

Revenue		(a)Event #1 EMPTY BOWL (event type)	(b)Event #2 PROJECT JOY (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
	1	Gross receipts	53,357	13,030	66,387
	2	Less Contributions	49,421	13,030	62,451
	3	Gross income (line 1 minus line 2)	3,936		3,936
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	91	751	842
	8	Entertainment			
	9	Other direct expenses	10,286	350	10,636
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			11,478
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			-7,542

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash 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 Subtract line 7 from line 1, column (d) ▶			

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

a Is the organization licensed to conduct 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 _____

Schedule G (Form 990 or 990-EZ) 2015

11

Does the organization conduct 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 conducted 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. 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).

Return Reference	Explanation
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2015

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

▶ **Attach to Form 990.**

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the
Treasury
Internal Revenue Service

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

☒ Yes ☐ No

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

[illegible]

- | | | |
|----------|---|----|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 67 |
| 3 | Enter total number of other organizations listed in the line 1 table | |

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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	10705		617,005	FMV	COMMODITY AND DONATED FOODS
(2) DISTRIBUTION OF DONATED, WHOLESALE AND COMMODITY FOODS TO PEOPLE IN NEED	26418		1,002,312	FMV	DONATED, WHOLESALE AND COMMODITY FOODS

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AICHO 202 W 2ND STREET DULUTH,MN 55802	41-1782394	501(C)3		77,182	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
ALL WE CAN BE DAYCARE 1418 DODDRIDGE AVENUE CLOQUET,MN 55720	41-1000979	501(C)3		7,297	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
APPLE TREE LEARNING CENTER 409 1ST STREET NORTH VIRGINIA,MN 55792	41-1515081	501(C)3		13,646	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA BIWABIK FOOD SHELF 19 W 3RD AVENUE NORTH AURORA, MN 55705	41-6052144	501(C)3		141,510	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BARNES FOOD PANTRY 3200 COUNTY ROAD N BARNES, WI 54873	39-1456203	501(C)3		24,264	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BAYFIELD AREA FOOD PANTRY PO BOX 729 BAYFIELD, WI 54814	56-2618057	501(C)3		32,626	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CRISIS SHELTER LSS 9239 IDAHO STREET DULUTH, MN 55807	41-0872993	501(C)3		32,703	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BOYS & GIRLS CLUB OF THE NORTHLAND PO BOX 16435 DULUTH, MN 55816	41-0969947	501(C)3		38,171	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BRUCE CARLTON FOOD PANTRY 2101 - 14TH STREET CLOQUET, MN 55720	41-1849304	501(C)3		9,226	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARLTON YOUTH SHELTER LSS 531 SLATE STREET CLOQUET, MN 55720	41-0872993	501(C)3		9,595	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CENTER CITY HOUSING 105 1/2 W 1ST ST DULUTH, MN 55802	36-3485584	501(C)3		48,839	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHALLENGE CENTER 39 N 25TH STREET E SUPERIOR, WI 54880	39-1658019	501(C)3		57,207	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGAMI CHILDREN'S CENTER 702 ROOSEVELT EVELETH, MN 55734	41-1540311	501(C)3		11,761	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHISHOLM FOOD SHELF 10 CENTRAL AVENUE NORTH CHISHOLM, MN 55719	41-6052144	501(C)3		106,404	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHUM - STEVE O'NEIL APARTMENTS 115 W 4TH STREET DULUTH, MN 55802	41-1227969	501(C)3		22,978	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHUM DROP IN 125 N 1ST AVE WEST DULUTH,MN 55802	41-1227969	501(C)3		377,624	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
CHUM FOOD SHELF 120 N 1ST AVENUE WEST DULUTH,MN 55802	41-1227969	501(C)3		257,020	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
CLOQUET SALVATION ARMY 316 CARLTON AVENUE CLOQUET,MN 55720	41-0698597	501(C)3		159,155	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION DULUTH 2424 WEST 5TH STREET SUITE 102 DULUTH, MN 55806	41-1410670	501(C)3		18,843	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
COOK COMMUNITY FOOD SHELF PO BOX 633 124 - 5TH ST SE COOK, MN 55723	41-0908605	501(C)3		92,579	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
COVENANT PARK BIBLE CAMP 3402 COVENANT PARK ROAD MAHTOWA, MN 55707	41-1411768	501(C)3		5,715	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAMIANO OF DULUTH 206 W 4TH STREET DULUTH,MN 55806	41-1453521	501(C)3		115,878	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		134,002	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
ELIJAH'S PANTRY 501 - 7TH AVENUE TWO HARBORS,MN 55616	41-0907044	501(C)3		38,116	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELY FOOD SHELF AEOA PO BOX 786 40 N 1ST AVE E ELY, MN 55731	41-6052144	501(C)3		221,911	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FAITH UNITED METHODIST CHURCH 1531 HUGHITT AVENUE SUPERIOR, WI 54880	39-1840533	501(C)3		130,154	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FAMILY RESOURCE CENTER LSS 507 - 9TH AVE SOUTH VIRGINIA, MN 55792	41-0872993	501(C)3		7,957	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FLOODWOOD FOOD SHELF 601 ASH STREET FLOODWOOD,MN 55736	41-1296075	501(C)3		30,977	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
FLOODWOOD SERVICES & TRAINING 601 ASH STREET FLOODWOOD,MN 55736	41-1296075	501(C)3		5,800	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
FRESHWATER VINEYARD 603 FAXON STREET SUPERIOR,WI 54880	16-1696730	501(C)3		101,678	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRUIT OF THE VINE - VINEYARD 1533 ARROWHEAD ROAD DULUTH, MN 55811	41-1680001	501(C)3		390,054	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
GRAND MARAIS FOOD SHELF AEOA PO BOX 95 GRAND MARAIS, MN 55604	41-6052144	501(C)3		51,993	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
HIBBING SALVATION ARMY 107 W HOWARD STREET HIBBING, MN 55746	41-0698597	501(C)3		760,150	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUMAN DEVELOPMENT CENTER 1401 E SUPERIOR STREET DULUTH, MN 55805	41-0777937	501(C)3		19,902	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
IRON COUNTY FOOD PANTRY 72 MICHIGAN AVENUE MONTREAL, WI 54550	26-1879371	501(C)3		47,129	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
IRON RIVER RURAL CARE & SHARE 68160 S GEORGE STREET IRON RIVER, WI 54847	39-1460868	501(C)3		39,535	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDDY KAROUSEL 3920 13TH AVENUE EAST HIBBING, MN 55746	41-1236276	501(C)3		8,892	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
LIFE HOUSE 102 W 1ST STREET DULUTH, MN 55802	41-1704840	501(C)3		60,952	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
LINCOLN PARK CHILDREN AND FAMILIES COLLABORATIVE 2424 W 5TH STREET SUITE 10 DULUTH, MN 55806	27-4990487	501(C)3		17,088	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LINCOLN PARK COMMUNITY CHURCH 2202 W 3RD STREET DULUTH, MN 55806	41-0713866	501(C)3		15,170	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
LITTLE TREASURES DAY CARE 4002 LONDON ROAD DULUTH, MN 55804	41-1942142	501(C)3		6,146	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
LSS - RENAISSANCE YOUTH SHELTER 424 W SUPERIOR STREET 204 DULUTH, MN 55802	41-0872993	501(C)3		8,230	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESABI ACADEMY 200 WANLESS STREET BUHL, MN 55713	41-1904179	501(C)3		62,907	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
MN TEEN CHALLENGE CENTER 2 EAST SECOND STREET DULUTH, MN 55802	41-1517351	501(C)3		68,167	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		123,477	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MYERS-WILKENS COMMUNITY COLLABORATIVE 108 E 6TH STREET DULUTH,MN 55805	41-2002724	501(C)3		7,370	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
NEIGHBORHOOD YOUTH SERVICES 310 N FIRST AVE W DULUTH,MN 55806	41-0693848	501(C)3		13,814	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
PROCTOR FOOD SHELF AEOA 415 2ND STREET PROCTOR,MN 55810	41-6052144	501(C)3		64,201	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUAD CITY FOOD SHELF AEOA 3 SOUTH BROADWAY GILBERT, MN 55741	41-6052144	501(C)3		472,002	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		18,667	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
RIVER CHURCH 1902 E 4TH STREET DULUTH, MN 55812	41-0911367	501(C)3		19,873	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RMH - MERRITT HOUSE 731 3RD STREET SOUTH VIRGINIA,MN 55792	41-0849301	501(C)3		6,005	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
RMH ADAPT CHILD VIRGINIA 504 N 1ST STREET VIRGINIA,MN 55792	41-0849301	501(C)3		6,670	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
RMH CSP ONSITE PROGRAM 504 1ST STREET NORTH VIRGINIA,MN 55792	41-0849301	501(C)3		25,756	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMH TREATMENT CENTER 626 S 13TH STREET VIRGINIA,MN 55792	41-0849301	501(C)3		7,720	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
RURAL CARE & SHARE FOOD SHELF 9545 E HIGHWAY 2 POPLAR,WI 54864	39-1460868	501(C)3		36,104	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
SAFE HAVEN SHELTER PO BOX 3558 DULUTH,MN 55812	41-1317462	501(C)3		47,710	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SILVER BAY FOOD SHELF AEOA 99 EDISON BOULEVARD SILVER BAY,MN 55614	41-6052144	501(C)3		18,356	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
SUPERIOR SALVATION ARMY 916 HUGHITT AVENUE SUPERIOR,WI 54880	36-2167910	501(C)3		307,162	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
THE BRICK 420 ELLIS AVENUE ASHLAND,WI 54806	61-1536545	501(C)3		365,323	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWER FOOD SHELF AEOA PO BOX 463 TOWER,MN 55790	41-6052144	501(C)3		41,726	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
TRI COMMUNITY FOOD SHELF 5597 HIGHWAY 210 CROMWELL,MN 55798	26-4571237	501(C)3		64,838	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED
TWO HARBORS FOOD SHELF AEOA 2124 - 10TH STREET AEOA BUILDING TWO HARBORS,MN 55616	41-6052144	501(C)3		205,915	FMV	DONATED AND WHOLESale FOOD	FEEDING PEOPLE IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY SUPERIOR BACKPACK PROGRAM 3701 TOWER AVENUE SUPERIOR, WI 54880	39-6084805	501(C)3		9,067	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
VALLEY YOUTH CENTERS OF DULUTH 720 N CENTRAL AVENUE DULUTH,MN 55807	41-0850223	501(C)3		50,663	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
VIRGINIA SALVATION ARMY 507 12TH AVENUE WEST VIRGINIA,MN 55792	41-0698597	501(C)3		449,825	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODLAND HILLS 4321 ALLENDALE AVENUE DULUTH, MN 55803	41-0693848	501(C)3		115,569	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

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.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

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	4,474,334	7,606,368	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

Yes

No

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

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.

Return Reference	Explanation
PART I, COLUMN (B)	POUNDS OF FOOD

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD'S FINANCE COMMITTEE REVIEWS THE 990 AND AUDIT BOTH DOCUMENTS ARE PROVIDED TO THE ENTIRE BOARD FOR REVIEW THE FINANCE COMMITTEE MAKES A RECOMMENDATION FOR ACCEPTANCE/APPROVAL AT ITS REGULARLY SCHEDULED BOARD MEETING
FORM 990, PART VI, SECTION B, LINE 12C	I CONFLICT OF INTEREST DEFINED FOR PURPOSES OF THIS POLICY, THE FOLLOWING CIRCUMSTANCES SHALL BE DEEMED TO CREATE CONFLICTS OF INTEREST A OUTSIDE INTERESTS (I) A CONTRACT OR T RANSACTION BETWEEN SECOND HARVEST NORTHERN LAKES FOOD BANK AND A RESPONSIBLE PERSON OR FAM ILY MEMBER (II) A CONTRACT OR TRANSACTION BETWEEN SECOND HARVEST NORTHERN LAKES FOOD BANK AND AN ENTITY IN WHICH A RESPONSIBLE PERSON OR FAMILY MEMBER HAS A MATERIAL FINANCIAL INT EREST OR OF WHICH SUCH PERSON IS A DIRECTOR, OFFICER, AGENT, PARTNER, ASSOCIATE, TRUSTEE, PERSONAL REPRESENTATIVE, RECEIVER, GUARDIAN, CUSTODIAN, CONSERVATOR OR OTHER LEGAL REPRESE NTATIVE B OUTSIDE ACTIVITIES (I) A RESPONSIBLE PERSON COMPETING WITH SECOND HARVEST NOR THERN LAKES FOOD BANK IN THE RENDERING OF SERVICES OR IN ANY OTHER CONTRACT OR TRANSACTION WITH A THIRD PARTY (II) A RESPONSIBLE PERSON'S HAVING A MATERIAL FINANCIAL INTEREST IN, OR SERVING AS A DIRECTOR, OFFICER, EMPLOYEE, AGENT, PARTNER, ASSOCIATE, TRUSTEE, PERSONAL REPRESENTATIVE, RECEIVER, GUARDIAN, CUSTODIAN, CONSERVATOR OR OTHER LEGAL REPRESENTATIVE O F, OR CONSULTANT TO, AN ENTITY OR INDIVIDUAL THAT COMPETES WITH SECOND HARVEST NORTHERN LA KES FOOD BANK IN THE PROVISION OF SERVICES OR IN ANY OTHER CONTRACT OR TRANSACTION WITH A THIRD PARTY C GIFTS, GRATUITIES AND ENTERTAINMENT A RESPONSIBLE PERSON ACCEPTING GIFTS, ENTERTAINMENT OR OTHER FAVORS FROM ANY INDIVIDUAL OR ENTITY THAT (I) DOES OR IS SEEKING TO DO BUSINESS WITH, OR IS A COMPETITOR OF SECOND HARVEST NORTHERN LAKES FOOD BANK, OR (II) HAS RECEIVED, IS RECEIVING OR IS SEEKING TO RECEIVE A LOAN OR GRANT, OR TO SECURE OTHER FINANCIAL COMMITMENTS FROM SECOND HARVEST NORTHERN LAKES FOOD BANK, (III) IS A CHARITABLE ORGANIZATION OPERATING IN MINNESOTA, UNDER CIRCUMSTANCES WHERE IT MIGHT BE INFERRED THAT S UCH ACTION WAS INTENDED TO INFLUENCE OR POSSIBLY WOULD INFLUENCE THE RESPONSIBLE PERSON IN THE PERFORMANCE OF HIS OR HER DUTIES THIS DOES NOT PRECLUDE THE ACCEPTANCE OF ITEMS OF N OMINAL OR INSIGNIFICANT VALUE OR ENTERTAINMENT OF NOMINAL OR INSIGNIFICANT VALUE, WHICH AR E NOT RELATED TO ANY PARTICULAR TRANSACTION OR ACTIVITY OF SECOND HARVEST NORTHERN LAKES F OOD BANK 2 DEFINITIONS A "RESPONSIBLE PERSON" IS ANY PERSON SERVING AS AN OFFICER, EMPL OYEE OR MEMBER OF THE BOARD OF DIRECTORS OF SECOND HARVEST NORTHERN LAKES FOOD BANK A "FA MILY MEMBER" IS A SPOUSE, DOMESTIC PARTNER, PARENT, CHILD OR SPOUSE OF A CHILD, BROTHER, S ISTER, OR SPOUSE OF A BROTHER OR SISTER, OF A RESPONSIBLE PERSON 3 PROCEDURES A PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST , A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST SUCH DISCLOSUR E SHALL BE REFLECTED IN THE MINUTES OF THE MEETING B A DIRECTOR OR COMMITTEE MEMBER WHO PLANS NOT TO ATTEND A MEETING AT WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD OR C OMMITTEE WILL ACT ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST SHALL DISCLOS E TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST THE CHAIR SH ALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINU TES OF THE MEETING C A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS SUCH PERSONAL, SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING D A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT W ILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR THE PURPOSE OF THIS VOTE THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION AND SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAK EN, UNLESS THE VOTE BY SECRET BALLOT SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECT ED IN THE MINUTES OF THE MEETING FOR PURPOSES OF THIS PARAGRAPH, A MEMBER OF THE BOARD OF DIRECTORS OF SECOND HARVEST NORTHERN LAKES FOOD BANK HAS A CONFLICT OF INTEREST WHEN HE O R SHE STANDS FOR ELECTION AS AN OFFICER OR FOR RE-ELECTION AS A MEMBER OF THE BOARD OF DIR ECTORS E RESPONSIBLE PERSONS WHO ARE NOT MEMBER OF THE BOARD OF DIRECTORS OF SECOND HARV EST NORTHERN LAKES FOOD BANK, OR WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A CONTRAC T OR TRANSACTION THAT IS NOT THE SUBJECT OF BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO T HE CHAIR OR THE CHAIR'S DESIGNEES ANY CONFLICT OF INTEREST THAT SUCH RESPONSIBLE PERSON HA S WITH RESPECT TO A CONTRACT OR TRANSACTION SUCH DISCLOSURE SHALL BE MADE AS SOON AS THE RESPONSIBLE PERSON KNOWS THE CONFLICT OF INTEREST THE RESPONSIBLE PERSON SHALL REFRAIN FR OM ANY ACTION THAT MAY AFFECT SECOND HARVEST NORTHERN LAKES FOOD BANK'S PARTICIPATION IN S UCH CONTRACT OR TRANSACTION IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTE REST EXISTS, THE INDIVIDUAL WITH POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO TH E CHAIR OR CHAIR'S DESIGNEE, WHO SHALL DETERMINE WHETHER THERE EXISTS A CONFLICT OF INTERE ST THAT IS SUBJECT TO THIS POLICY 4 CONFIDENTIALITY EACH RESPONSIBLE PERSON SHALL EXERC ISE CARE NOT TO DISCLOSE CONFIDENTIAL INFORMATION ACQUIRED IN CONNECTION WITH SUCH STATUS OR INFORMATION THE DISCLOSURE OF WHICH MIGHT BE ADVERSE TO THE INTERESTS OF SECOND HARVEST NORTHERN LAKES FOOD BANK FURTHERMORE, A RESPONSIBLE PERSON SHALL NOT DISCLOSE OR USE INF ORMATION RELATING TO THE BUSINESS OF SECOND HARVEST NORTHERN LAKES FOOD BANK FOR THE PERSO NAL PROFIT OR ADVANTAGE OF THE RESPONSIBLE PERSON OR A FAMILY MEMBER 5 REVIEW OF POLICY A EACH NEW RESPONSIBLE PERSON SHALL BE REQUIRED TO REVIEW A COPY OF THIS POLICY AND TO A CKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO B EACH RESPONSIBLE PERSON SHALL ANNUALL Y COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES, I N WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE BELIEVES, COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING SUCH RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES MIGHT INCLUD E SERVICE AS A DIRECTOR OF, OR CONSULTANT TO, A NONPROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICE TO SECOND HARVEST NORTHERN LAKES FOOD BANK A NY SUCH INFORMATION REGARDING THE BUSINESS INTERESTS OF A RESPONSIBLE PERSON OR FAMILY MEM BER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHA IR, THE EXECUTIVE DIRECTOR, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICT OF INTEREST, E XCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATI ON OF THIS POLICY C THIS POLICY SHALL BE REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD O F DIRECTORS ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBL E PERSONS BOARD MEMBERS ANNUALLY REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY THE STA FF 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 15	ANNUALLY THE BOARD APPROVES SALARY RANGES FOR EACH FOOD BANK POSITION RANGES ARE DEVELOPE D 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 COMM ITTEE 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	OUR FORM 1023 AND FORM 990 ARE AVAILABLE ON OUR WEBSITE, THROUGH GUIDESTAR, AND IN OUR BUSINESS OFFICE FOR INSPECTION UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILAB LE FOR INSPECTION AND ON FILE AT THE FOOD BANK FOR THE SAME PERIOD OF DISCLOSURE AS SET FO RTH IN SECTION 6104(D)
FORM 990, PART XI, LINE 6	DONATED SERVICES FOR THE YEAR VALUED \$182,817