Second Harvest Northern Lakes Food Bank
4503 AIRPARK BLVD
DULUTH, MN 55811

Enclosed are the 2015 Exempt Organization returns, as follows...

2015 Form 990

2015 Minnesota Annual Report

2015 Wisconsin Form 1952

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Yours Truly,

Julie Boyer

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

December 31, 2015

Prepared for	Second Harvest Northern Lakes Food Bank 4503 AIRPARK BLVD DULUTH, MN 55811
Prepared by	RSM US LLP 227 W First St, Ste 700 Duluth, MN 55802-1926 (218) 727-5025
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

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04-01-15

** PUBLIC DISCLOSURE COPY **

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

A For the 2015 calendar year, or tax year beginning and ending

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

Doing business as

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

D Employer identification number: 36-3479964

E Telephone number: 218-727-5653

G Gross receipts $ 9,988,770.

F Name and address of principal officer: JUDITH VAN DELL, SAME AS C ABOVE

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 ▶

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

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

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
6	Total number of volunteers (estimate if necessary)	6	1417
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,906,127.	8,876,351.
	9	Program service revenue (Part VIII, line 2g)	978,794.	1,028,886.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,518.	32,247.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-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.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	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

Signature of officer — Date

JUDITH VAN DELL, BOARD CHAIR

Type or print name and title

Paid Preparer Use Only

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

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 227 W FIRST ST, STE 700, DULUTH, MN 55802-1926 — Phone no. (218)727-5025

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III .... [X]

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 [X] 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 [X] 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

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 FOR EACH MEMBER IN THEIR HOUSEHOLD AT EACH VISIT. OUR FOOD SHELF 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.

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.

SEE SCHEDULE O FOR CONTINUATION(S)

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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	X	
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	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
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	X	
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		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	X	
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? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	X	

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	1a	8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
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		X
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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
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		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	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?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
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		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

532005
12-16-15

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 ..... [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... **1a** 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	**3**		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		X
6	Did the organization have members or stockholders?	**6**		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	**8a**	X	
b	Each committee with authority to act on behalf of the governing body?	**8b**	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	X	
13	Did the organization have a written whistleblower policy?	**13**	X	
14	Did the organization have a written document retention and destruction policy?	**14**	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	**15b**	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

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

[X] Own website [ ] Another's website [X] 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 - 218-727-5653

4503 AIRPARK BLVD, DULUTH, MN 55811

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, and 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 line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(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.
(15) SHAYE MORIS EXECUTIVE DIRECTOR	40.00			X				97,017.	0.	13,213.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Sub-total ▶								97,017.	0.	13,213.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
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? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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 NONE	(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	1 a 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				
	2 a 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 ▶					
		(i) Real / (ii) Personal				
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities 52,964. / (ii) Other				
	b Less: cost or other basis and sales expenses	(i) 47,040. / (ii) 310.				
	c Gain or (loss)	(i) 5,924. / (ii) -310.				
	d Net gain or (loss) ▶		5,614.			5,614.
	8 a 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.			-7,542.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10 a 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				
	11 a					
	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 Sch 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) Beginning of year		(B) 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 instr). Complete Part II of Sch 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	
	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.
Liabilities	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	
	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.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

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

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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 from 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 III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	6577585.	7485317.	8244323.	8906127.	8876351.	40089703.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	839,886.	963,286.	948,983.	978,794.	1028886.	4759835.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	7417471.	8448603.	9193306.	9884921.	9905237.	44849538.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						44849538.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	7417471.	8448603.	9193306.	9884921.	9905237.	44849538.
10a Gross 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.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	22,933.	20,265.	20,291.	28,205.	26,633.	118,327.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	949.					949.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	7441353.	8468868.	9213597.	9913126.	9931870.	44968814.

14 **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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99.73	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99.54	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	.26	%
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	.27	%

19a **33 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 ▶ ☒

b **33 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 ▶ ☐

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

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on 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? *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.*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	**3a**		
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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	**4b**		
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)? *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.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	**5a**		
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?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	**8**		
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))? *If "Yes," provide detail in **Part VI.***	**9a**		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	**9b**		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	**9c**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	**10b**		

Part IV **Supporting Organizations** *(continued)*

			Yes	No
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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	**11c**		

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? *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.*	**1**		
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? *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.*	**2**		

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)? *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).*	**1**		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

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).*

			Yes	No
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? *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.*	**2a**		
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? *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.*	**2b**		
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? Provide details in ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in ***Part VI*** *the role played by the organization in this regard.*	**3b**		

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):			
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:			
a				
b				
c				
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:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess 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.)

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No. 1545-0047

2015

Name of the organization

SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number

36-3479964

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year .... ▶ $ ________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
SECOND HARVEST NORTHERN LAKES FOOD BANK	36-3479964

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 604,166.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2		$ 983,729.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
3		$ 547,966.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
4		$ 1,991,922.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
5		$ 454,096.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
6		$ 158,897.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SECOND HARVEST NORTHERN LAKES FOOD BANK	36-3479964

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 287,715.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
8		$ 211,852.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
9		$ 242,833.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
10		$ 227,967.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
11		$ 200,093.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
12		$ 275,988.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SECOND HARVEST NORTHERN LAKES FOOD BANK	36-3479964

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 191,151.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
14		$ 240,001.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
15		$ 115,488.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
16		$ 148,476.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
17		$ 9,581.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SECOND HARVEST NORTHERN LAKES FOOD BANK	36-3479964

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	DONATED FOOD	$ 604,166.	12/31/15
2	DONATED FOOD	$ 983,729.	12/31/15
3	DONATED FOOD	$ 547,966.	12/31/15
4	DONATED FOOD	$ 1,991,922.	12/31/15
5	DONATED FOOD	$ 454,096.	12/31/15
6	DONATED FOOD	$ 158,897.	12/31/15

Name of organization	Employer identification number
SECOND HARVEST NORTHERN LAKES FOOD BANK	36-3479964

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	DONATED FOOD	$ 287,715.	12/31/15
8	DONATED FOOD	$ 211,852.	12/31/15
9	DONATED FOOD	$ 242,833.	12/31/15
10	DONATED FOOD	$ 227,967.	12/31/15
11	DONATED FOOD	$ 200,093.	12/31/15
12	DONATED FOOD	$ 275,988.	12/31/15

Name of organization	Employer identification number
SECOND HARVEST NORTHERN LAKES FOOD BANK	36-3479964

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	DONATED FOOD	$ 191,151.	12/31/15
14	DONATED FOOD	$ 240,001.	12/31/15
15	DONATED FOOD	$ 115,488.	12/31/15
16	DONATED FOOD	$ 148,476.	12/31/15
17	DONATED FOOD	$ 9,581.	12/31/15
		$	

Name of organization	Employer identification number
SECOND HARVEST NORTHERN LAKES FOOD BANK	36-3479964

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.*

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 **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 a 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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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 on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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 ▶ 79.28 %

b Permanent endowment ▶ 20.72 %

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:

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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)	(c) Accumulated 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 10c.)* ▶				2,177,175.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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

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.

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

Part XIII Supplemental Information *(continued)*

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.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

3 List all states in which the organization is registered or licensed to solicit 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		EMPTY BOWL	PROJECT JOY	NONE	
		(event type)	(event type)	(total number)	
Revenue	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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 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: ____________

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 to be 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 provide any additional information (see instructions).

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" 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*.

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 — 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? [X] Yes [ ] No

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

Part II — Grants and Other Assistance to 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.

1 (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	0.	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	0.	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	0.	13,646.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
AURORA BIWABIK FOOD SHELF 19 W. 3RD AVENUE NORTH AURORA, MN 55705	41-6052144	501(C)3	0.	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	0.	24,264.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BAYFIELD AREA FOOD PANTRY P.O. BOX 729 BAYFIELD, WI 54814	56-2618057	501(C)3	0.	32,626.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

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 II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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	0.	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	0.	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	0.	9,226.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CARLTON YOUTH SHELTER LSS 531 SLATE STREET CLOQUET, MN 55720	41-0872993	501(C)3	0.	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	0.	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	0.	57,207.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHICAGAMI CHILDREN'S CENTER 702 ROOSEVELT EVELETH, MN 55734	41-1540311	501(C)3	0.	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	0.	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	0.	22,978.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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	0.	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	0.	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	0.	159,155.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
COMMUNITY ACTION DULUTH 2424 WEST 5TH STREET SUITE 102 DULUTH, MN 55806	41-1410670	501(C)3	0.	18,843.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
COOK COMMUNITY FOOD SHELF P.O. BOX 633 , 124 - 5TH ST. S.E. COOK, MN 55723	41-0908605	501(C)3	0.	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	0.	5,715.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DAMIANO OF DULUTH 206 W. 4TH STREET DULUTH, MN 55806	41-1453521	501(C)3	0.	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	0.	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	0.	38,116.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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 P.O. BOX 786 40 N. 1ST AVE. E. ELY, MN 55731	41-6052144	501(C)3	0.	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	0.	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	0.	7,957.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FLOODWOOD FOOD SHELF 601 ASH STREET FLOODWOOD, MN 55736	41-1296075	501(C)3	0.	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	0.	5,800.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FRESHWATER VINEYARD 603 FAXON STREET SUPERIOR, WI 54880	16-1696730	501(C)3	0.	101,678.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FRUIT OF THE VINE - VINEYARD 1533 ARROWHEAD ROAD DULUTH, MN 55811	41-1680001	501(C)3	0.	390,054.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
GRAND MARAIS FOOD SHELF AEOA P.O. BOX 95 GRAND MARAIS, MN 55604	41-6052144	501(C)3	0.	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	0.	760,150.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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
HUMAN DEVELOPMENT CENTER 1401 E. SUPERIOR STREET DULUTH, MN 55805	41-0777937	501(C)3	0.	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	0.	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	0.	39,535.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
KIDDY KAROUSEL 3920 13TH AVENUE EAST HIBBING, MN 55746	41-1236276	501(C)3	0.	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	0.	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	0.	17,088.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
LINCOLN PARK COMMUNITY CHURCH 2202 W. 3RD STREET DULUTH, MN 55806	41-0713866	501(C)3	0.	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	0.	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	0.	8,230.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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	0.	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	0.	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	0.	123,477.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
MYERS-WILKENS COMMUNITY COLLABORATIVE - 108 E. 6TH STREET - DULUTH, MN 55805	41-2002724	501(C)3	0.	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	0.	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	0.	64,201.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
QUAD CITY FOOD SHELF AEOA 3 SOUTH BROADWAY GILBERT, MN 55741	41-6052144	501(C)3	0.	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	0.	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	0.	19,873.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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 - MERRITT HOUSE 731 3RD STREET SOUTH VIRGINIA, MN 55792	41-0849301	501(C)3	0.	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	0.	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	0.	25,756.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RMH TREATMENT CENTER 626 S. 13TH STREET VIRGINIA, MN 55792	41-0849301	501(C)3	0.	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	0.	36,104.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
SAFE HAVEN SHELTER P.O. BOX 3558 DULUTH, MN 55812	41-1317462	501(C)3	0.	47,710.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
SILVER BAY FOOD SHELF AEOA 99 EDISON BOULEVARD SILVER BAY, MN 55614	41-6052144	501(C)3	0.	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	0.	307,162.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
THE BRICK 420 ELLIS AVENUE ASHLAND, WI 54806	61-1536545	501(C)3	0.	365,323.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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 P.O. BOX 463 TOWER, MN 55790	41-6052144	501(C)3	0.	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	0.	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	0.	205,915.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
UNITED WAY SUPERIOR BACKPACK PROGRAM - 3701 TOWER AVENUE - SUPERIOR, WI 54880	39-6084805	501(C)3	0.	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	0.	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	0.	449,825.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
WOODLAND HILLS 4321 ALLENDALE AVENUE DULUTH, MN 55803	41-0693848	501(C)3	0.	115,569.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

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
DISTRIBUTION OF COMMODITY FOODS TO MOTHERS, CHILDREN AND SENIORS	10705	0.	617,005.	FMV	COMMODITY AND DONATED FOODS
DISTRIBUTION OF DONATED, WHOLESALE AND COMMODITY FOODS TO PEOPLE IN NEED	26418	0.	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.

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.

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 STU
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** 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.

SCHEDULE M, 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	Employer identification number
SECOND HARVEST NORTHERN LAKES FOOD BANK	36-3479964

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR REGION IN OUR FIGHT AGAINST HUNGER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FOOD BANK PROGRAM WHICH WAS THE EQUIVALENT OF 2.21 FULL-TIME POSITIONS AT OUR FOOD BANK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

Name of the organization: SECOND HARVEST NORTHERN LAKES FOOD BANK
Employer identification number: 36-3479964

2015, VOLUNTEERS CONTRIBUTED 1,651 HOURS OF SERVICE OR THE EQUIVALENT OF A .79 FULL-TIME POSITION AT OUR FOOD BANK.

EXPENSES $ 473,643. INCLUDING GRANTS OF $ 415,985. REVENUE $ 108,673.

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 TRANSACTION BETWEEN SECOND HARVEST NORTHERN LAKES FOOD BANK AND A RESPONSIBLE PERSON OR FAMILY 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 INTEREST OR OF WHICH SUCH PERSON IS A DIRECTOR, OFFICER, AGENT, PARTNER, ASSOCIATE, TRUSTEE, PERSONAL REPRESENTATIVE, RECEIVER, GUARDIAN, CUSTODIAN, CONSERVATOR OR OTHER LEGAL REPRESENTATIVE.

B. OUTSIDE ACTIVITIES.

(I) A RESPONSIBLE PERSON COMPETING WITH SECOND HARVEST NORTHERN 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

Name of the organization: SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number: 36-3479964

SERVING AS A DIRECTOR, OFFICER, EMPLOYEE, AGENT, PARTNER, ASSOCIATE, TRUSTEE, PERSONAL REPRESENTATIVE, RECEIVER, GUARDIAN, CUSTODIAN, CONSERVATOR OR OTHER LEGAL REPRESENTATIVE OF, OR CONSULTANT TO; AN ENTITY OR INDIVIDUAL THAT COMPETES WITH SECOND HARVEST NORTHERN LAKES 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 SUCH 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 NOMINAL OR INSIGNIFICANT VALUE OR ENTERTAINMENT OF NOMINAL OR INSIGNIFICANT VALUE, WHICH ARE NOT RELATED TO ANY PARTICULAR TRANSACTION OR ACTIVITY OF SECOND HARVEST NORTHERN LAKES FOOD BANK.

2. DEFINITIONS.

A "RESPONSIBLE PERSON" IS ANY PERSON SERVING AS AN OFFICER, EMPLOYEE OR MEMBER OF THE BOARD OF DIRECTORS OF SECOND HARVEST NORTHERN LAKES FOOD BANK.

A "FAMILY MEMBER" IS A SPOUSE, DOMESTIC PARTNER, PARENT, CHILD OR SPOUSE OF

Name of the organization: SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number: 36-3479964

A CHILD, BROTHER, SISTER, 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 DISCLOSURE 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 COMMITTEE WILL ACT ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES 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 WILL 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

Name of the organization	Employer identification number
SECOND HARVEST NORTHERN LAKES FOOD BANK	36-3479964

TRANSACTION AND SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE BY SECRET BALLOT. SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTED 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 OR SHE STANDS FOR ELECTION AS AN OFFICER OR FOR RE-ELECTION AS A MEMBER OF THE BOARD OF DIRECTORS.

E. RESPONSIBLE PERSONS WHO ARE NOT MEMBER OF THE BOARD OF DIRECTORS OF SECOND HARVEST NORTHERN LAKES FOOD BANK, OR WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT IS NOT THE SUBJECT OF BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO THE CHAIR OR THE CHAIR'S DESIGNEES ANY CONFLICT OF INTEREST THAT SUCH RESPONSIBLE PERSON HAS 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 FROM ANY ACTION THAT MAY AFFECT SECOND HARVEST NORTHERN LAKES FOOD BANK'S PARTICIPATION IN SUCH CONTRACT OR TRANSACTION.
IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO THE CHAIR OR CHAIR'S DESIGNEE, WHO SHALL DETERMINE WHETHER THERE EXISTS A CONFLICT OF INTEREST THAT IS SUBJECT TO THIS POLICY.

4. CONFIDENTIALITY. EACH RESPONSIBLE PERSON SHALL EXERCISE 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 INFORMATION RELATING TO THE BUSINESS OF SECOND HARVEST NORTHERN LAKES FOOD BANK FOR THE PERSONAL PROFIT OR ADVANTAGE OF

Name of the organization: SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number: 36-3479964

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 ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO.

B. EACH RESPONSIBLE PERSON SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES, IN 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 INCLUDE 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. ANY SUCH INFORMATION REGARDING THE BUSINESS INTERESTS OF A RESPONSIBLE PERSON OR FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE EXECUTIVE DIRECTOR, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICT OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS POLICY.

C. THIS POLICY SHALL BE REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS. ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBLE PERSONS.

BOARD MEMBERS ANNUALLY REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY. THE STAFF POLICY IS WITHIN THE EMPLOYEE HANDBOOK, IS REVIEWED AND THE HANDBOOK ACKNOWLEDGEMENT IS SIGNED. ALL ARE ON FILE AT THE FOOD BANK.

Name of the organization: SECOND HARVEST NORTHERN LAKES FOOD BANK

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FORM 990, PART VI, SECTION B, LINE 15:

ANNUALLY THE BOARD APPROVES SALARY RANGES FOR EACH FOOD BANK POSITION. RANGES ARE DEVELOPED USING COMPARABLE DATA PROVIDED BY THE MINNESOTA COUNCIL OF NONPROFITS SALARY & BENEFITS SURVEY AS WELL AS THE FEEDING AMERICA SALARY & BENEFITS SURVEY. THE BOARD'S EXECUTIVE COMMITTEE CONDUCTS THE EXECUTIVE DIRECTOR'S ANNUAL EVALUATION AND PROVIDES A RECOMMENDATION OF SALARY TO THE ENTIRE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

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 AVAILABLE FOR INSPECTION AND ON FILE AT THE FOOD BANK FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XI, LINE 6

DONATED SERVICES FOR THE YEAR VALUED $182,817.

Form **8868** (Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions.	SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number (EIN) or 36-3479964
	Number, street, and room or suite no. If a P.O. box, see instructions. 4503 AIRPARK BLVD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DULUTH, MN 55811	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ SHAYE J. MORIS 4503 AIRPARK BLVD - DULUTH, MN 55811

  Telephone No. ▶ 218-727-5653 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [X] calendar year 2015 or

▶ [ ] tax year beginning ______, and ending ______.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

December 31, 2015

Prepared for	Second Harvest Northern Lakes Food Bank 4503 AIRPARK BLVD DULUTH, MN 55811
Prepared by	RSM US LLP 227 W First St, Ste 700 Duluth, MN 55802-1926 (218) 727-5025
Amount due or refund	Balance due of $25.00
Make check payable to	State of Minnesota
Mail tax return and check (if applicable) to	Office of the Attorney General Suite 1200, Bremer Tower 445 Minnesota Street St. Paul, MN 55101-2130
Return must be mailed on or before	July 15, 2016
Special Instructions	The report should be signed and dated by the authorized individual(s). Include the organization's Federal Employer Identification Number and "2015 Annual Report" on the remittance.

STATE OF MINNESOTA

CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

ATTORNEY GENERAL LORI SWANSON
SUITE 1200, BREMER TOWER
445 MINNESOTA STREET
ST. PAUL, MN 55101-2130
(651) 757-1311
(651) 296-1410 (TTY)
www.ag.state.mn.us

[X] **Annual Reporting** [ ] **Initial Registration**

FEDERAL EIN NUMBER: 36-3479964

FOR YEAR ENDING: 12/31/2015

SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. *Legal Name of Organization:* SECOND HARVEST NORTHERN LAKES FOOD BANK

   If annual reporting, is this a new name since the organization's last filing? [ ] Yes [X] No

   If so, please state former name: ____

2. List all names under which the organization solicits contributions:
   SECOND HARVEST NORTHERN LAKES FOOD BANK

3. *Mailing Address of Organization (required)*
   4503 AIRPARK BLVD
   DULUTH, MN 55811

   Physical Address of Organization (required)
   4503 AIRPARK BLVD
   DULUTH, MN 55811

4. *Contact Person* SHAYE MORIS
   Tel. No. 218-727-5653
   E-mail ____
   Fax No. ____

5. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?
   [ ] Yes [X] No

   If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. ***Attach schedule if more than one.***

   Name ____
   Address ____
   City ____ State ____ ZIP ____ Compensation ____

6. a) Does this professional fund-raiser solicit or consult in Minnesota? [ ] Yes [ ] No

   b) Is this professional fund-raiser registered to solicit or consult in Minnesota? [ ] Yes [ ] No

7. Month and day accounting year ends: 12/31

8. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions? [X] Yes [ ] No

Office Use Only: [ ] **ARF** [ ] **$25** [ ] **$50** [ ] **N (e-Postcard)** [ ] **990** [ ] **EZ** [ ] **PF** [ ] **FES** [ ] **SIG** [ ] **BD** [ ] **SAL** [ ] **Audit**

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

INCOME

Contributions from the public	$ 8,876,351.
Government Grants	$ 0.
Other revenue	$ 1,053,591.
TOTAL REVENUE	**$** 9,929,942.

EXCESS or DEFICIT	$ 158,743.
TOTAL Assets	$ 4,785,640.
TOTAL Liabilities	$ 47,084.

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) $ 4,738,556.

599802
04-01-15

SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY

ALL Annual Report filers MUST complete questions 1-6

1. Has the organization's accounting year changed since the last report was filed? ☐ Yes ☒ No
   If yes, provide the new year-end date: ____________________

2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending. ☒ None ☐ Attached

3. List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than $100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.

	Name/Title	Compensation	Deferred Compensation	Fringe Benefits
1				
2				
3				
4				
5				

4. **Attach** a list of organization's board of directors. ☐ Attached ☒ Included in IRS return

5. **Attach a GAAP audit** if total revenue exceeds $750,000. ☒ Attached
   ☐ Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost). ☐ Audit not required

6. Minnesota law requires that an organization file a copy of all tax or informational returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)? ☒ Yes ☐ No (Not required to file a return with IRS or files a group return).

   NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

599811
04-01-15

7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

Statement of Functional Expenses

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S.	6,723,862.	6,723,862.		
2	Grants and other assistance to individuals in the U.S.	1,619,317.	1,619,317.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
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 contributions (include section 401(k) and section 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				
f	Investment management fees				
g	Other				
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. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
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	All other expenses STMT 1	2,459.	2,459.		
25	**Total functional expenses.** Add lines 1 through 24d	9,771,199.	9,393,701.	123,000.	254,498.
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Must be prepared in accordance with generally accepted accounting principles.
For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ
For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF
The total of Column A, lines 1 through 24d should equal line 25a.
The total of lines 25b, 25c and 25d, should equal line 25a

SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

BOARD OF DIRECTORS SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

BOARD CHAIR (Title) and ____________________ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) adopted on the ________

day of ____________, 20___, approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

JUDITH VAN DELL	
Name (Print)	Name (Print)
Signature	Signature
BOARD CHAIR	
Title	Title
Date	Date

*** NOTICE ***

Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.

AG: #3124563-v1

ANNUAL REPORT OTHER EXPENSES STATEMENT 1

DESCRIPTION	TOTAL EXPENSE	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
FOOD TRANSPORTATION & STORAGE	129,925.	129,925.	0.	0.
DUES	28,411.	14,125.	5,569.	8,717.
REPAIRS AND MAINTENANCE	24,018.	23,686.	332.	0.
MISCELLANEOUS	2,459.	2,459.	0.	0.
TOTALS INCLUDED ON LN 25	184,813.	170,195.	5,901.	8,717.

Rev. 11/13

FORM 1952

INSTRUCTIONS FOR FILING
FORM 1952 - WISCONSIN SUPPLEMENT FINANCIAL REPORT ON FORM OTHEN THAN FORM 308

Enclosed is your copy of **FORM 1952,** for the year-ending ___12/31/2015___

File the original Form with the Department of Regulation & Licensing before the due date of ___9/30/16___ at the following address:

Department of Financial Institutions
Division of Banking
PO Box 7876
Madison, WI 53707-7876

Signatures: The original return must be signed and dated by the President or authorized Officer and the Chief Fiscal Officer.

Chapter 202. Wis. Stats.
Subchapter II

Telephone: (608) 267-1711
Fax: (608) 267-6889

www.wdfi.org

STATE OF WISCONSIN
Department of Financial Institutions

Division of Banking

Mailing Address:
PO Box 7876
Madison, WI 53707-7876
Courier Address:
201 W. Washington Ave.
Suite 500
Madison, WI 53703

FORM #1952 - WISCONSIN SUPPLEMENT TO FINANCIAL REPORT

Purpose: Charitable organizations that are registered, or are required to be registered, with the Department of Financial Institutions – Division of Banking ("division") must file an annual financial report with the division within 9 months after the organization's fiscal year-end unless the organization qualifies for an exemption from the annual filing requirement.

An organization must file its annual report on Form #308 or on Form #1952. This form, Form #1952, is a shorter, more commonly used version of the annual report form and must be accompanied by the organization's IRS 990, 990EZ, or 990-PF. If an organization is unable to submit an IRS 990, 990EZ, or 990-PF, it should submit Form #308 to the division instead of Form #1952.

Please note that an organization may not have to file a Form #308 or a Form #1952 if:

- it received $5,000 or less in contributions during its most recently completed fiscal year, or
- it operates solely in the county in which its principal office is located and received less than $50,000 in contributions during its most recently completed fiscal year.

If the organization's contributions fall into either of the above categories, an Affidavit in Lieu of Annual Financial Report (Form #1943) should be submitted instead of Form #308 or Form #1952.

Print or type the information requested in the spaces provided.

1. Name of charitable organization and any trade names or DBA (doing business as) names the organization uses when soliciting.

SECOND HARVEST NORTHERN LAKES FOOD BANK

2. WI Charitable Organization Registration Number: 12756-800

3. Federal Employer Identification Number: 36-3479964

4. Provide the following information for the organization's headquarters office, if any:

Street: 4503 AIRPARK BLVD			
City: DULUTH	State: MN	Zip: 55811	Daytime Phone Number: 218-727-5653

5. Provide the organization's mailing address if different than above.

Street Address:		P.O. Box:
City:	State:	Zip:

6. Provide the following information for the organization's Wisconsin office, if any. Attach additional pages, if the organization has more than one Wisconsin office. This item does not have to be completed if the headquarters office noted on page 1 is the only Wisconsin office.

Street:			
City:	State:	Zip:	Daytime Phone Number:

7. Provide the following information for the person(s) who has custody of the organization's financial records. Attach additional pages, if necessary.

First Name: SHAYE	Last Name: MORIS	Street: 4503 AIRPARK BLVD	
City: DULUTH	State: MN	Zip: 55811	Daytime Phone Number: 218-727-5653

8. Provide the following information for the person(s) within the charitable organization who has final responsibility for the custody of contributions. Attach additional pages, if necessary.

First Name: SHAYE	Last Name: MORIS	Street: 4503 AIRPARK BLVD	
City: DULUTH	State: MN	Zip: 55811	Daytime Phone Number: 218-727-5653

9. Provide the following information for the person(s) within the organization who is responsible for the final distribution of contributions. Attach additional pages, if necessary.

First Name: SHAYE	Last Name: MORIS	Street: 4503 AIRPARK BLVD	
City: DULUTH	State: MN	Zip: 55811	Daytime Phone Number: 218-727-5653

10. Provide the following information for the person to whom we can ask questions about this form and other registration related matters.

First Name: SHAYE	Last Name: MORIS	Phone: 218-727-5653	E-mail:
Street: 4503 AIRPARK BLVD	City: DULUTH	State: MN	Zip: 55811

11. Describe the charitable purpose or purposes for which contributions will be used or attach a document which provides such information. (You can disregard this item if you are attaching an IRS 990 that already includes this information.)

SEE ATTACHED FORM 990

12. For solicitations in Wisconsin, did your organization use a professional fund-raiser or fund-raising counsel or did your organization pay a person to solicit contributions, other than a salaried officer or employee of your organization, during the previous fiscal year? ☐ Yes ☒ No

If **YES**, provide the following information about each fund-raiser(s), fund-raising counsel(s), or person. Attach additional pages, if necessary.

Name:		Fund-Raiser: ☐	Fund-Raising Counsel: ☐
Street:		City:	
State:	Zip:	Telephone Number:	Does the fund-raiser/fund-raising counsel/person have custody of contributions at any time: ☐ Yes ☐ No

13. Has any of the information your organization previously submitted to the division changed (i.e. name of the organization, address of the principal office, address of any Wisconsin branch offices, accounting period, names of persons who have final authority for custody or final distribution of contributions, articles, by-laws, statement of purpose, etc.)?

☐ Yes ☒ No

If **YES**, describe the changes below. If the organization's corporate name has changed, also attach a copy of the name change amendment. (Please note that you do not need to provide this information if, as required by law, you already submitted the information to the division within 30 days after the date of the change.)

14. Is your organization authorized by any other state/governmental authority to solicit contributions?

☒ Yes ☐ No

15. During the past year, has your organization had its authority to solicit contributions denied, suspended, revoked, or enjoined by a court or other governmental authority?

☐ Yes ☒ No

If **YES**, provide a detailed statement of explanation.

16. Does your organization intend to accumulate an increasing surplus in net assets, rather than spend current revenue on the organization's stated purpose?

☐ Yes ☒ No

If **YES**, please explain.

17. Did the registrant make a grant, award, or contribution to any organization in which any of the registrant's officers or directors hold an interest; or was the registrant a party to any transaction in which any of its directors, trustees or officers has a material financial interest; or did any officer or director of the registrant receive anything of value not reported as compensation?

☐ Yes ☒ No

If **YES** to any of the above, please explain.

18. Check the box to the right if the registrant is a sole proprietor who wishes for his/her individual personal identifiers to be excluded from any lists which may be distributed to third parties. Individual personal identifiers include: social security number, telephone number, street name and number, email address, and post-office box. ☐

FINANCIAL INFORMATION

Enter the accounting period (month, day, and year) that the following financial information applies to and identify the accounting method used when preparing the information.

Beginning Date: 01/01/2015 Ending Date: 12/31/15

Accounting Method: Cash [ ] Accrual [X] Other (specify) [ ]

1.	Contributions ("Contribution" means a grant or pledge of money, credit, property, or other thing of any kind or value, except used clothing or household goods, to a charitable organization or for a charitable purpose. Bequests received directly from the public and indirect public support, such as contributions received through solicitation campaigns conducted by federated fundraising agencies like United Way should be included in this amount. "Contribution" does not include: • income from bingo or raffles conducted under ch. 563, Wis. Stats. • government grants • bona fide fees, dues, or assessments paid by a member of a charitable organization, except that, if initial membership in a charitable organization is conferred solely as consideration for making a grant or pledge of money to the charitable organization in response to a solicitation, that grant or pledge of money is a contribution.)	1	8,876,351
2.	Other Revenues	2	1,053,591
3.	Total Revenue (line 1 plus line 2)	3	9,929,942.00
4.	Expenses:		
	a Expenses Allocated to Program Services — 4a: 9,393,701		
	b. Expenses Allocated to Management and General — 4b: 123,000		
	c. Expenses Allocated to Fund-raising — 4c: 254,498		
	d. Expenses Allocated to Payments to Affiliates — 4d:		
	e. Total Expenses	4e	9,771,199.00
5.	Excess or Deficit (line 3 minus line 4e)	5	158,743.00
6.	Net Assets at Beginning of Year	6	4,633,347
7.	Other Changes in Net Assets or Fund Balances (See 990, part XI)	7	(53,534)
8.	Net Assets at End of Year	8	4,738,556

ATTACHMENTS

Check the box next to the items that are attached to your annual report. Items A., B., and C. are required. Item D. or E. is required if the contributions received by your organization fall into the described ranges. (Note: If you are submitting this form with your initial application, DO NOT submit the following attachments. Submit the attachments cited in the application form instead).

[X] **A. List of all officers, directors, trustees, and principal salaried employees** – The list must include each individual's name, address, and title. Please note that "principal salaried employees" refers to the chief administrative officers of your organization, but does not include the heads of separate departments or smaller units within the organization. (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)

[X] **B. A list of states that have issued a license, registration, permit, or other formal authorization to the organization to solicit contributions.** (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)

[X] C. **IRS Form #990, 990EZ, or 990-PF. Do not include Schedule B of the 990.**
(Note: If you file an IRS Form 990-N, you cannot use this form. You must complete a Form #308 or Form #1943 instead.)

[X] D. **Audited Financial Statements** if the organization received $400,000 or more in contributions during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles and be accompanied by the opinion of an independent certified public accountant.

[ ] E. **Reviewed Financial Statements** if the organization received between $200,000 - $399,999 in contributions during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles by an independent certified public accountant. Audited financial statements are also acceptable.

CERTIFICATION

This document MUST be signed by the chief fiscal officer. Two different officer signatures required.

We swear and affirm that we have reviewed this report, including the accompanying schedules and statements, and to the best of our knowledge the information furnished is true, correct, and complete.

______________________________	______________________________
Signature of President or Authorized Officer Date	Signature of Chief Fiscal Officer Date
SUBSCRIBED AND SWORN TO BEFORE ME THIS _______ DAY OF _______________, _______	SUBSCRIBED AND SWORN TO BEFORE ME THIS _______ DAY OF _______________, _______
______________________________ (Notary Public)	______________________________ (Notary Public)
My Commission Expires: _______________	My Commission Expires: _______________

RETURN MATERIALS TO:

Department of Financial Institutions
Division of Banking

Mailing Address:
PO Box 7876
Madison, Wisconsin 53707-7876

Street Address:
201 West Washington Avenue, Suite 500
Madison, Wisconsin 53703

Notice: Completion of this form is required under Section 202.12, Wisconsin Statutes. Failure to comply may result in further action by our Department. Personal information you provide may be used for secondary purposes.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.