

SECOND HARVEST NORTHERN LAKES FOOD BANK
4503 AIRPARK BLVD
DULUTH, MN 55811

Enclosed are the original and one copy of the 2016 Exempt
Organization returns, as follows...

2016 Form 990

2016 Minnesota Annual Report

2016 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, 2016

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.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK		D Employer identification number 36-3479964
	Doing business as		E Telephone number 218-727-5653
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	4503 AIRPARK BLVD		G Gross receipts \$ 10,679,704.
	City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55811		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: DAWN ERICKSON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: HTTP://WWW.NORTHERNLAKESFOODBANK.ORG/		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: TO FEED THE HUNGRY OF NE MINNESOTA AND NW WISCONSIN.
	2 Check this box <input type="checkbox"/> 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 2016 (Part V, line 2a) 5 23
	6 Total number of volunteers (estimate if necessary) 6 1194
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8,876,351. Prior Year 9,496,720. Current Year
	9 Program service revenue (Part VIII, line 2g) 1,028,886. 1,028,886. 962,436.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32,247. 32,247. 41,789.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -7,542. -7,542. -12,568.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,929,942. 9,929,942. 10,488,377.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,343,179. 8,343,179. 8,611,408.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 721,084. 721,084. 766,762.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 241,247.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 706,936. 706,936. 703,107.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,771,199. 9,771,199. 10,081,277.	
19 Revenue less expenses. Subtract line 18 from line 12 158,743. 158,743. 407,100.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 4,785,640. Beginning of Current Year 5,281,790. End of Year
	21 Total liabilities (Part X, line 26) 47,084. 47,084. 85,575.
	22 Net assets or fund balances. Subtract line 21 from line 20 4,738,556. 4,738,556. 5,196,215.

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
	DAWN ERICKSON, BOARD CHAIR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name JULIE BOYER	Preparer's signature	Date
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Check if self-employed <input type="checkbox"/> PTIN P01278549
	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

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: TO FEED THE HUNGRY OF NE MINNESOTA AND NW WISCONSIN.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,759,028. including grants of \$ 6,925,014.) (Revenue \$ 874,048.) 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 2016, WE PROVIDED OVER 4.3 MILLION POUNDS OF FOOD AND GROCERY PRODUCT, THE EQUIVALENT OF 3.4 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 2016 VOLUNTEERS CONTRIBUTED 4,302 HOURS TO OUR

4b (Code:) (Expenses \$ 721,397. including grants of \$ 642,891.) (Revenue \$) THE HERMANTOWN AREA FOOD SHELF IS A PROGRAM OF SECOND HARVEST NORTHERN LAKES FOOD BANK. IN 2016, WE PROVIDED FOOD SHELF SERVICE DIRECTLY TO AN AVERAGE OF 732 IN-NEED CHILDREN, ADULTS AND SENIORS PER MONTH WHO RESIDE IN HERMANTOWN OR COMMUNITIES NORTH. WE DISTRIBUTED 408,160 POUNDS OF FOOD AND GROCERY PRODUCT TO OUR FOOD SHELF PARTICIPANTS WHICH IS THE EQUIVALENT OF 326,528 MEALS. ON AVERAGE, OUR FOOD SHELF PARTICIPANTS RECEIVED AN 15-DAY SUPPLY OF FOOD FOR EACH MEMBER IN THEIR HOUSEHOLD AT EACH VISIT. OUR FOOD SHELF OPERATED ALMOST ENTIRELY BY VOLUNTEERS. IN FACT, IN 2016 VOLUNTEERS CONTRIBUTED 3,840 HOURS OF SERVICE OR 92% OF THE HOURS NEEDED TO CARRY OUT THIS PROGRAM WHICH WAS THE EQUIVALENT OF A 1.85 FULL-TIME POSITION AT OUR FOOD BANK.

4c (Code:) (Expenses \$ 700,142. including grants of \$ 600,966.) (Revenue \$ 88,388.) 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 2016, WE PROVIDED COMMODITY FOOD BOXES TO AN AVERAGE OF 903 IN-NEED SENIORS PER MONTH THROUGHOUT NE MINNESOTA. WE DISTRIBUTED 359,860 POUNDS OF FOOD OR THE EQUIVALENT OF 287,888 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 2016, VOLUNTEERS CONTRIBUTED 2,965 HOURS OF SERVICE OR THE EQUIVALENT OF A 1.42 FULL-TIME POSITION AT OUR FOOD BANK.

4d Other program services (Describe in Schedule O.) (Expenses \$ 511,230. including grants of \$ 442,537.) (Revenue \$)

4e Total program service expenses 9,691,797.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **SHAYE J. MORIS - 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDITH VAN DELL BOARD CHAIR	0.45	X		X				0.	0.	0.
(2) DAWN ERICKSON BOARD VICE CHAIR	0.35	X		X				0.	0.	0.
(3) PAMELA KRALL BOARD TREASURER	0.45	X		X				0.	0.	0.
(4) MARY BERUBE BOARD SECRETARY	0.35	X		X				0.	0.	0.
(5) JANET BAUMGARTNER RESIGNED IN 2016	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) ADAM LANG BOARD MEMBER	0.35	X						0.	0.	0.
(10) MATTHEW MINER RESIGNED IN 2016	0.35	X						0.	0.	0.
(11) TERESA O'TOOLE BOARD MEMBER	0.35	X						0.	0.	0.
(12) MICHAEL GAY BOARD MEMBER	0.35	X						0.	0.	0.
(13) JEAN MASLOWSKI BOARD MEMBER	0.35	X						0.	0.	0.
(14) PATRICK MINER BOARD MEMBER	0.35	X						0.	0.	0.
(15) SHAYE MORIS EXECUTIVE DIRECTOR	40.00			X				99,228.	0.	5,068.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 59,619.					
	b Membership dues	1b					
	c Fundraising events	1c 98,292.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 9,338,809.					
	g Noncash contributions included in lines 1a-1f: \$	7,894,256.					
	h Total. Add lines 1a-1f	▶	9,496,720.				
Program Service Revenue	2 a FOOD BANKING	Business Code 624200	874,048.	874,048.			
	b NAPS	624200	88,388.	88,388.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶	962,436.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	33,544.			33,544.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		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	(ii) Other				
		182,726.					
		b Less: cost or other basis and sales expenses	174,481.				
		c Gain or (loss)	8,245.				
	d Net gain or (loss)	▶	8,245.			8,245.	
	8 a Gross income from fundraising events (not including \$ 98,292. of contributions reported on line 1c). See Part IV, line 18	a 4,278.					
		b Less: direct expenses	b 16,846.				
		c Net income or (loss) from fundraising events	▶	-12,568.			-12,568.
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.	▶	10,488,377.	962,436.	0.	29,221.		

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	6,739,590.	6,739,590.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,871,818.	1,871,818.		
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	104,296.	81,368.	14,756.	8,172.
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	557,757.	435,141.	78,911.	43,705.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	54,931.	42,855.	7,772.	4,304.
10 Payroll taxes	49,778.	39,788.	6,429.	3,561.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	18,470.	14,776.	3,694.	
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	10,880.	3,699.	979.	6,202.
13 Office expenses	220,791.	46,316.	9,445.	165,030.
14 Information technology				
15 Royalties				
16 Occupancy	61,542.	55,388.	6,154.	
17 Travel	8,425.	7,245.	1,180.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,903.	4,903.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	131,348.	131,348.		
23 Insurance	41,885.	36,530.	5,355.	
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	130,573.	130,573.		
b DUES	49,330.	26,197.	12,860.	10,273.
c REPAIRS AND MAINTENANCE	20,523.	19,825.	698.	
d MISCELLANEOUS	4,437.	4,437.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,081,277.	9,691,797.	148,233.	241,247.
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	98,425.	1	140,599.
	2 Savings and temporary cash investments	164,883.	2	276,218.
	3 Pledges and grants receivable, net	9,205.	3	37,750.
	4 Accounts receivable, net	81,044.	4	56,247.
	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	852,458.	8	810,446.
	9 Prepaid expenses and deferred charges	5,797.	9	8,952.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,444,556.		
	b Less: accumulated depreciation	10b 1,335,505.	2,177,175.	10c 2,109,051.
	11 Investments - publicly traded securities	1,270,248.	11	1,608,295.
	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	126,405.	15	234,232.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,785,640.	16	5,281,790.	
Liabilities	17 Accounts payable and accrued expenses	47,084.	17	85,575.
	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	47,084.	26	85,575.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,638,344.	27	4,994,953.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	100,212.	29	201,262.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	4,738,556.	33	5,196,215.	
34 Total liabilities and net assets/fund balances	4,785,640.	34	5,281,790.	

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	10,488,377.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,081,277.
3	Revenue less expenses. Subtract line 2 from line 1	3	407,100.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,738,556.
5	Net unrealized gains (losses) on investments	5	50,559.
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	5,196,215.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	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?	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	X	

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. 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		<input type="checkbox"/>
b 33 1/3% support test - 2015. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7485317.	8244323.	8906127.	8876351.	9496720.	43008838.
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	963,286.	948,983.	978,794.	1028886.	962,436.	4882385.
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	8448603.	9193306.	9884921.	9905237.	10459156.	47891223.
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.)						47891223.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	8448603.	9193306.	9884921.	9905237.	10459156.	47891223.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,265.	20,291.	28,205.	26,633.	33,544.	128,938.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	20,265.	20,291.	28,205.	26,633.	33,544.	128,938.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	8468868.	9213597.	9913126.	9931870.	10492700.	48020161.

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 2016 (line 8, column (f) divided by line 13, column (f))	15	99.73 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.73 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	.27 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	.26 %

19a 33 1/3% support tests - 2016. 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 - 2015. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

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.		
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.		

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).		

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?		
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).		
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
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.		
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.		
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.		

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 (explain in Part VI.) **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	<input type="checkbox"/> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

2016

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

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

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 63,569.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 28,838.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 27,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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	<hr/> <hr/> <hr/>	\$ 21,923.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 21,096.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 18,514.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 16,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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	<hr/> <hr/> <hr/>	\$ 13,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 9,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 9,536.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 8,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 7,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
19	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>5,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>5,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>5,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>5,058.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>5,021.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
25	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
31	<hr/> <hr/> <hr/>	\$ 33,190.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 249,810.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 36,252.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 7,933.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 127,466.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 47,780.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
37	<hr/> <hr/> <hr/>	\$ 108,927.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 8,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 10,558.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 59,260.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 825,159.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 964,326.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
43	<hr/> <hr/> <hr/>	\$ 547,079.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 9,240.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 6,687.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 7,886.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 45,558.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 39,225.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
49	<hr/> <hr/> <hr/>	\$ 7,301.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 254,099.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 1,939,169.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 56,671.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 12,131.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 10,915.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
55	<hr/> <hr/> <hr/>	\$ 93,261.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 103,510.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 21,214.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 409,461.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 199,795.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 368,916.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
61	<hr/> <hr/> <hr/>	\$ 167,860.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 253,063.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 214,097.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 256,560.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 126,075.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
16	200 SHARES DOW JONES US HOME CONSTRUCTION AND 25 SHARES OF ISHARE TRANSPORATION	\$ 9,536.	12/31/16
31	DONATED FOOD	\$ 33,190.	12/31/16
32	DONATED FOOD	\$ 249,810.	12/31/16
33	DONATED FOOD	\$ 36,252.	12/31/16
34	DONATED FOOD	\$ 7,933.	12/31/16
35	DONATED FOOD	\$ 127,466.	12/31/16

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
36	DONATED FOOD _____ _____ _____	\$ <u>47,780.</u>	<u>12/31/16</u>
37	DONATED FOOD _____ _____ _____	\$ <u>108,927.</u>	<u>12/31/16</u>
38	DONATED FOOD _____ _____ _____	\$ <u>8,500.</u>	<u>12/31/16</u>
39	DONATED FOOD _____ _____ _____	\$ <u>10,558.</u>	<u>12/31/16</u>
40	DONATED FOOD _____ _____ _____	\$ <u>59,260.</u>	<u>12/31/16</u>
41	DONATED FOOD _____ _____ _____	\$ <u>825,159.</u>	<u>12/31/16</u>

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
42	USDA COMMODITY FOODS _____ _____ _____	\$ 964,326.	12/31/16
43	USDA COMMODITY FOODS _____ _____ _____	\$ 547,079.	12/31/16
44	DONATED FOOD _____ _____ _____	\$ 9,240.	12/31/16
45	DONATED FOOD _____ _____ _____	\$ 6,687.	12/31/16
46	DONATED FOOD _____ _____ _____	\$ 7,886.	12/31/16
47	DONATED FOOD _____ _____ _____	\$ 45,558.	12/31/16

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
48	DONATED FOOD _____ _____ _____	\$ 39,225.	12/31/16
49	DONATED FOOD _____ _____ _____	\$ 7,301.	12/31/16
50	DONATED FOOD _____ _____ _____	\$ 254,099.	12/31/16
51	DONATED FOOD _____ _____ _____	\$ 1,939,169.	12/31/16
52	DONATED FOOD _____ _____ _____	\$ 56,671.	12/31/16
53	DONATED FOOD _____ _____ _____	\$ 12,131.	12/31/16

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
54	DONATED FOOD _____ _____ _____	\$ 10,915.	12/31/16
55	DONATED FOOD _____ _____ _____	\$ 93,261.	12/31/16
56	DONATED FOOD _____ _____ _____	\$ 103,510.	12/31/16
57	DONATED FOOD _____ _____ _____	\$ 21,214.	12/31/16
58	DONATED FOOD _____ _____ _____	\$ 409,461.	12/31/16
59	DONATED FOOD _____ _____ _____	\$ 199,795.	12/31/16

Name of organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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
60	DONATED FOOD _____ _____ _____	\$ 368,916.	12/31/16
61	DONATED FOOD _____ _____ _____	\$ 167,860.	12/31/16
62	DONATED FOOD _____ _____ _____	\$ 253,063.	12/31/16
63	DONATED FOOD _____ _____ _____	\$ 214,097.	12/31/16
64	DONATED FOOD _____ _____ _____	\$ 256,560.	12/31/16
65	DONATED FOOD _____ _____ _____	\$ 126,075.	12/31/16

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

2016

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and Yes/No questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including fields for revenue and asset amounts.

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	126,409.	128,171.	119,996.	100,783.	90,218.
b Contributions	101,050.	3,175.	3,650.	9,164.	710.
c Net investment earnings, gains, and losses	8,000.	-3,639.	5,933.	11,268.	10,930.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,223.	1,298.	1,408.	1,219.	1,075.
g End of year balance	234,236.	126,409.	128,171.	119,996.	100,783.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 85.92 %
- c Temporarily restricted endowment 14.08 %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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.	684,683.	1,744,298.
c Leasehold improvements		105,890.	20,739.	85,151.
d Equipment		814,652.	616,199.	198,453.
e Other		50,720.	13,884.	36,836.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,109,051.

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

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	10,537,713.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	50,559.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,223.
e	Add lines 2a through 2d	2e	49,336.
3	Subtract line 2e from line 1	3	10,488,377.
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	10,488,377.

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	10,080,054.
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	10,080,054.
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	1,223.
c	Add lines 4a and 4b	4c	1,223.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,081,277.

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 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

BANK CHARGES FROM ENDOWMENT FUND -1,223.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BANK CHARGES FROM ENDOWMENT FUND 1,223.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		EMPTY BOWL (event type)	PROJECT JOY (event type)	NONE (total number)		
1	Gross receipts	49,708.	19,494.		69,202.	
2	Less: Contributions	45,430.	19,494.		64,924.	
3	Gross income (line 1 minus line 2)	4,278.			4,278.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	4,910.	1,071.		5,981.
	8	Entertainment				
	9	Other direct expenses	9,594.	1,271.		10,865.
10	Direct expense summary. Add lines 4 through 9 in column (d)				16,846.	
11	Net income summary. Subtract line 10 from line 3, column (d)				-12,568.	

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE 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

2016

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
AICHO 202 W. 2ND STREET DULUTH, MN 55802	41-1782394	501(C)(3)	0.	80,186.	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.	18,459.	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.	173,009.	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.	29,411.	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.	42,731.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BETHANY CRISIS SHELTER LSS 9239 IDAHO STREET DULUTH, MN 55807	41-0872993	501(C)(3)	0.	30,288.	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 **60.**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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
BOYS & GIRLS CLUB OF THE NORTHLAND PO BOX 16435 DULUTH, MN 55816	41-0969947	501(C)(3)	0.	37,973.	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.	5,858.	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.	10,245.	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.	55,002.	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.	48,305.	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.	178,880.	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.	33,605.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHUM DROP IN 125 N. 1ST AVE. WEST DULUTH, MN 55802	41-1227969	501(C)(3)	0.	370,975.	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.	228,395.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Schedule I (Form 990)

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
CLOQUET SALVATION ARMY 316 CARLTON AVENUE CLOQUET, MN 55720	41-0698597	501(C)(3)	0.	164,028.	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.	93,431.	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.	138,298.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DULUTH FAMILY VISITATION CENTER 202 E. SUPERIOR STREET DULUTH, MN 55811	41-1382134	501(C)(3)	0.	4,948.	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.	126,297.	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.	33,053.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
ELY FOOD SHELF AEOA P.O. BOX 786 40 N. 1ST AVE. E. ELY, MN 55731	41-6052144	501(C)(3)	0.	231,185.	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.	225,658.	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.	6,212.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Schedule I (Form 990)

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
FLOODWOOD FOOD SHELF/SERVICES AND TRAINING - 601 ASH STREET - FLOODWOOD, MN 55736	41-1296075	501(C)(3)	0.	32,796.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FRESHWATER VINEYARD 603 FAXON STREET SUPERIOR, WI 54880	16-1696730	501(C)(3)	0.	89,881.	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.	365,664.	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.	46,270.	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.	700,455.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
HUMAN DEVELOPMENT CENTER 1401 E. SUPERIOR STREET DULUTH, MN 55805	41-0777937	501(C)(3)	0.	17,136.	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.	38,377.	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.	40,387.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
KIDDY KAROUSEL 3920 13TH AVENUE EAST HIBBING, MN 55746	41-1236276	501(C)(3)	0.	9,405.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Schedule I (Form 990)

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
LIFE HOUSE 102 W. 1ST STREET DULUTH, MN 55802	41-1704840	501(C)(3)	0.	70,790.	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.	12,609.	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.	22,581.	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.	5,592.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
MESABI ACADEMY 200 WANLESS STREET BUHL, MN 55713	41-1904179	501(C)(3)	0.	34,509.	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.	70,663.	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.	139,623.	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.	11,660.	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.	17,509.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Schedule I (Form 990)

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
PROCTOR FOOD SHELF AEOA 415 2ND STREET PROCTOR, MN 55810	41-6052144	501(C)(3)	0.	67,020.	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.	593,931.	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.	24,460.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RIVER CHURCH 1902 E. 4TH STREET DULUTH, MN 55812	41-0911367	501(C)(3)	0.	29,901.	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.	8,372.	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.	30,400.	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.	16,865.	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.	35,947.	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.	26,890.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Schedule I (Form 990)

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
SILVER BAY FOOD SHELF AEOA 99 EDISON BOULEVARD SILVER BAY, MN 55614	41-6052144	501(C)(3)	0.	20,885.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
SUPERIOR SALVATION ARMY 916 HUGHITT AVENUE SUPERIOR, WI 54880	36-2167910	501(C)(3)	0.	285,923.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
THE BRICK 420 ELLIS AVENUE ASHLAND, WI 54806	61-1536545	501(C)(3)	0.	426,945.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
TOWER FOOD SHELF AEOA P.O. BOX 463 TOWER, MN 55790	41-6052144	501(C)(3)	0.	44,592.	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.	58,925.	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.	159,314.	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.	64,147.	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.	471,720.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
WOODLAND HILLS 4321 ALLENDALE AVENUE DULUTH, MN 55803	41-0693848	501(C)(3)	0.	93,250.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Schedule I (Form 990)

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 noncash assistance
DISTRIBUTION OF COMMODITY FOODS TO SENIORS	10841	0.	619,493.	FMV	COMMODITY AND DONATED FOODS
DISTRIBUTION OF DONATED, WHOLESALE AND COMMODITY FOODS TO PEOPLE IN NEED	24794	0.	1,252,325.	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)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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	X	4	13,473.	FMV
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	4,716,470	7,876,505.	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** **0**

	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 isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

2016

Open to Public
Inspection

Name of the organization

SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number

36-3479964

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

FOOD BANK PROGRAM WHICH WAS THE EQUIVALENT OF 2.1 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 2016, WE PROVIDED SERVICE IN
TWO (2) LOCATIONS SERVING AN AVERAGE OF 713 IN-NEED CHILDREN, ADULTS
AND SENIORS PER MONTH. WE DISTRIBUTED 238,388 POUNDS OF FOOD AND
GROCERY PRODUCT TO OUR PANTRY PARTICIPANTS WHICH IS THE EQUIVALENT OF
190,710 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 2016, WE PROVIDED 27,602 BAGS OF
FOOD TO CHILDREN IN NEED. WE DISTRIBUTED 91,086 POUNDS OF FOOD OR THE
EQUIVALENT OF 72,869 MEALS. ON AVERAGE OUR BACKPACK PROGRAM
PARTICIPANTS RECEIVED 3-5 MEALS/SNACKS AS PART OF OUR SERVICE. IN
2016, VOLUNTEERS CONTRIBUTED 1,254 HOURS OF SERVICE OR THE EQUIVALENT
OF A .60 FULL-TIME POSITION AT OUR FOOD BANK.

EXPENSES \$ 511,230. INCLUDING GRANTS OF \$ 442,537. REVENUE \$ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number

36-3479964

FORM 990, PART VI, SECTION B, LINE 11B:

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:

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

SECTION 1: PURPOSE

THE PURPOSE OF THIS CONFLICT OF INTEREST POLICY IS TO ESTABLISH THE PROCEDURES APPLICABLE TO THE IDENTIFICATION AND RESOLUTION OF CONFLICTS OF INTEREST IN THE CONTEXT OF TRANSACTIONS OR ARRANGEMENTS ENTERED INTO BY SECOND HARVEST NORTHERN LAKES FOOD BANK WHERE AN INTERESTED PERSON (DEFINED BELOW) MAY HAVE A FINANCIAL INTEREST (DEFINED BELOW) IN OR FIDUCIARY RESPONSIBILITY (AS DEFINED BELOW) TOWARDS AN INDIVIDUAL OR ENTITY WITH WHICH SECOND HARVEST NORTHERN LAKES FOOD BANK IS NEGOTIATING A TRANSACTION OR ARRANGEMENT. THE DETERMINATION THAT A CONFLICT OF INTEREST EXISTS DOES NOT PROHIBIT SECOND HARVEST NORTHERN LAKES FOOD BANK FROM ENTERING INTO THE PROPOSED TRANSACTION OR ARRANGEMENT PROVIDED THAT THE PROCEDURES SET FORTH IN SECTION 3 BELOW ARE FOLLOWED.

THIS POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY APPLICABLE STATE LAWS GOVERNING CONFLICTS OF INTEREST APPLICABLE TO NONPROFIT AND CHARITABLE CORPORATIONS.

Name of the organization

SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number

36-3479964

SECTION 2: DEFINITIONS

A. INTERESTED PERSON

ANY DIRECTOR, PRINCIPAL OFFICER, EMPLOYEE, OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS WHO HAS EITHER (A) A DIRECT OR INDIRECT FINANCIAL INTEREST, AS DEFINED BELOW ("FINANCIAL INTEREST"); OR (B) A FIDUCIARY RESPONSIBILITY TO ANOTHER ORGANIZATION, AS DEFINED BELOW ("FIDUCIARY RESPONSIBILITY"), IS AN INTERESTED PERSON.

B. FINANCIAL INTEREST

A PERSON HAS A FINANCIAL INTEREST IF THE PERSON HAS, DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT OR FAMILY. FAMILY INCLUDES, SPOUSE, ANCESTORS, BROTHERS AND SISTERS (NATURAL OR STEP), CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDCHILDREN, GREAT GRANDCHILDREN AND COUNTERPARTS BY MARRIAGE (INCLUDING DOMESTIC PARTNERSHIPS).

SECTION 3: PROCEDURES

A. DUTY TO DISCLOSE

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST OR FIDUCIARY RESPONSIBILITY AND ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENTS.

Name of the organization

SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number

36-3479964

B. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS

AFTER DISCLOSURE OF THE FINANCIAL INTEREST OR FIDUCIARY RESPONSIBILITY AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE WILL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINAL DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS WILL DECIDE IF A CONFLICT OF INTEREST EXISTS.

C. PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST

1. AN INTERESTED PERSON MAY MAKE A FACTUAL PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE OR SHE WILL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST. AN INTERESTED PERSON WILL NOT ACTIVELY PARTICIPATE IN THE DISCUSSION OF, OR VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST, EITHER FORMALLY AT A BOARD OR COMMITTEE MEETING OR INFORMALLY THROUGH CONTACT WITH INDIVIDUAL BOARD OR COMMITTEE MEMBERS. IN ADDITION, THE INTERESTED PERSON SHOULD NOT BE COUNTED IN DETERMINING WHETHER A QUORUM IS PRESENT FOR THE BOARD OR COMMITTEE MEETING AT WHICH THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST IS TO BE VOTED UPON.

2. THE CHAIR OF THE BOARD OR COMMITTEE WILL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

3. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE WILL DETERMINE

Name of the organization

SECOND HARVEST NORTHERN LAKES FOOD BANK

Employer identification number

36-3479964

WHETHER SECOND HARVEST NORTHERN LAKES FOOD BANK CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

4. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE WILL DETERMINE BY A MAJORITY VOTE (OR OTHER VOTING REQUIREMENT, AS PROVIDED IN THE BYLAWS OF SECOND HARVEST NORTHERN LAKES FOOD BANK) OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN SECOND HARVEST NORTHERN LAKES FOOD BANK INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO SECOND HARVEST NORTHERN LAKES FOOD BANK AND WILL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

SECTION 4: VIOLATIONS OF THE CONFLICT OF INTEREST POLICY

A. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT WILL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

B. IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT WILL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTIONS.

Name of the organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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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 TOTALED 12,780 HOURS, WHICH WERE VALUED AT \$172,530.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number (EIN) or 36-3479964
File by the due date for filing your return. See instructions.	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

SHAYE J. MORIS

• The books are in the care of ▶ **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 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** 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, 2016

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	Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130
Return must be mailed on or before	November 15, 2017
Special Instructions	<p>The report should be signed and dated by the authorized individual(s).</p> <p>Include the organization's Federal Employer Identification Number and "2016 Annual Report" on the remittance.</p>

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

C2

Website Address:

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization SECOND HARVEST NORTHERN LAKES FOOD BANK

Federal EIN: 36-3479964

Fiscal Year-End: 12/31/2016
mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address: <u>SHAYE MORIS</u> Contact Person <u>4503 AIRPARK BLVD</u> Street Address <u>DULUTH, MN 55811</u> City, State, and ZIP Code <u>218-727-5653</u> Phone Number Email Address	Physical Address: <u>SHAYE MORIS</u> Contact Person <u>4503 AIRPARK BLVD</u> Street Address <u>DULUTH, MN 55811</u> City, State, and ZIP Code <u>218-727-5653</u> Phone Number Email Address
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1. Organization's website: HTTP://WWW.NORTHERNLAKESFOODBANK.ORG/

2. List all of the organization's alternate and former names (attach list if more space is needed).

_____ Alternate Former
_____ Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).
SECOND HARVEST NORTHERN LAKES FOOD BANK

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 8,149,942.

6. Has the organization's tax-exempt status with the IRS changed?
 Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
 Yes No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser Compensation

Street Address City, State, and ZIP Code

10. Is the organization a food shelf? Yes No
If yes, is the organization required to file an audit? Yes, audit attached No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

*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. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ <u>9,496,720.</u>	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ <u>962,436.</u>	3
4. Other Revenue	\$ <u>29,221.</u>	4
5. TOTAL INCOME	\$ <u>10,488,377.</u>	5

EXPENSES

6. Program Expenses	\$ <u>9,691,797.</u>	6
7. Management & General Expenses	\$ <u>148,233.</u>	7
8. Fund-raising Expenses	\$ <u>241,247.</u>	8
9. TOTAL EXPENSES	\$ <u>10,081,277.</u>	9
10. EXCESS or DEFICIT	\$ <u>407,100.</u>	10
(Line 5 minus Line 9)		

ASSETS

11. Cash	\$ <u>416,817.</u>	11
12. Land, Buildings & Equipment	\$ <u>2,109,051.</u>	12
13. Other Assets	\$ <u>2,755,922.</u>	13
14. TOTAL ASSETS	\$ <u>5,281,790.</u>	14

LIABILITIES

15. Accounts Payable	\$ <u>85,575.</u>	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$ <u>85,575.</u>	18

FUND BALANCE/NET WORTH

	\$ <u>5,196,215.</u>	
(Line 14 minus Line 18)		

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(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.	6,739,590.	6,739,590.		
2. Grants and other assistance to individuals in the U.S.	1,871,818.	1,871,818.		
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	104,296.	81,368.	14,756.	8,172.
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	557,757.	435,141.	78,911.	43,705.
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits	54,931.	42,855.	7,772.	4,304.
10. Payroll taxes	49,778.	39,788.	6,429.	3,561.
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting	18,470.	14,776.	3,694.	
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion	10,880.	3,699.	979.	6,202.
13. Office expenses	220,791.	46,316.	9,445.	165,030.
14. Information technology				
15. Royalties				
16. Occupancy	61,542.	55,388.	6,154.	
17. Travel	8,425.	7,245.	1,180.	
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings	4,903.	4,903.		
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization	131,348.	131,348.		
23. Insurance	41,885.	36,530.	5,355.	
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a. FOOD TRANSPORTATION & S	130,573.	130,573.		
b. DUES	49,330.	26,197.	12,860.	10,273.
c. REPAIRS AND MAINTENANCE	20,523.	19,825.	698.	
d.	4,437.	4,437.		
25. Total functional expenses. Add lines 1 through 24d	10,081,277.	9,691,797.	148,233.	241,247.
26. Joint costs. Check here <input type="checkbox"/> 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				

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

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

_____ (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 operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

DAWN ERICKSON

Name (Print)

Name (Print)

Signature

Signature

BOARD CHAIR

Title

Title

Date

Date

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

Enclosed is your copy of **FORM 1952**, for the year-ending _____ 12/31/2016 _____

File the original Form with the Department of Regulation & Licensing before the due date of
_____ 12/31/17 _____ at the following address:

Department of Financial Institutions
Division of Corporate and Consumer Services
PO Box 7879
Madison, WI 53707-7879

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

STATE OF WISCONSIN Department of Financial Institutions

E-Mail:
DFICharitableOrgs@wi.gov
Telephone: (608) 267-1711
Fax: (608) 267-6813

Mailing Address:
PO Box 7879
Madison, WI 53707-7879



www.wdffi.org

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 Corporate and Consumer Services (“division”) must file an annual financial report with the division within 12 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 \$25,000 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 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: <input type="checkbox"/>	Fund-Raising Counsel: <input type="checkbox"/>
Street:		City:	
State:	Zip:	Telephone Number:	Does the fund-raiser/fund-raising counsel/person have custody of contributions at any time: <input type="checkbox"/> Yes <input type="checkbox"/> 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.)

THE ORGANIZATION'S BYLAWS WERE AMENDED DURING THE YEAR: 1) IN THE CASE OF OF A MAJOR DECISION, THE AFFIRMATIVE VOTE OF A TWO-THIRDS MAJORITY OF ITS CURRENT TOTAL VOTING MEMBERSHIP IS REQUIRED. 2) THE BOARD CHAIR WILL BE ELECTED TO A TWO YEAR TERM AND MAY SERVE AS CHAIR A MAXIMUM OF TWO CONSECUTIVE, 2-YEAR TERMS.

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.

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: Ending Date:

Accounting Method: Cash Accrual Other (specify)

1. Contributions	1	9,496,720
("Contribution" means a grant or pledge of money, credit, property, or other thing of any kind or value, except food, used clothing, or used 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:		
<ul style="list-style-type: none"> • 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.) 		
2. Other Revenues	2	991,657
3. Total Revenue (line 1 plus line 2)	3	10,488,377.00
4. Expenses:		
a. Expenses Allocated to Program Services	4a	9,691,797
b. Expenses Allocated to Management and General	4b	148,233
c. Expenses Allocated to Fund-raising	4c	241,247
d. Expenses Allocated to Payments to Affiliates	4d	
e. Total Expenses	4e	10,081,277.00
5. Excess or Deficit (line 3 minus line 4e)	5	407,100.00
6. Net Assets at Beginning of Year	6	4,738,556
7. Other Changes in Net Assets or Fund Balances (See 990, part XI).....	7	50,559
8. Net Assets at End of Year	8	5,196,215

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. (or Waiver Application of 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).

- REQU**
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- 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.)
 - 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.)

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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.)

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D. **Audited Financial Statements** if the organization received contributions in excess of \$500,000 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.

Apply for Waiver of "D. Audited Financial Statements" if (1.) the organization's contributions were, during each of the past 3 fiscal years, less than \$100,000; and (2.) during the fiscal year for which the waiver is being requested, the organization received one or more contributions from one contributor that exceeded \$400,000. Include documentation to support (1.) and (2.).

E. **Reviewed Financial Statements** if the organization received contributions in excess of \$300,000, but not more than \$500,000 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.

Apply for Waiver of "E. Reviewed Financial Statements" if (1.) the organization's contributions were, during each of the past 3 fiscal years, less than \$100,000; and (2.) during the fiscal year for which the waiver is being requested, the organization received one or more contributions from one contributor that exceeded \$200,000. Include documentation to support (1.) and (2.).

CERTIFICATION

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

We certify 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

RETURN MATERIALS TO:

Department of Financial Institutions
Division of Corporate and Consumer Services

Mailing Address:
PO Box 7879
Madison, Wisconsin 53707-7879

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.