

Second Harvest Northern Lakes Food Bank
4503 Airpark Blvd
Duluth, MN 55811

Enclosed are the original and one copy of the 2019 Exempt Organization returns, as follows...

2019 Form 990

2019 Minnesota Annual Report

2019 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.

Regards,

Julie Boyer

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

Second Harvest Northern Lakes Food Bank
4503 Airpark Blvd
Duluth, MN 55811

Prepared By:

RSM US LLP
227 West First Street, Suite 700
Duluth, MN 55802-1926

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.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** 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	G Gross receipts \$ 12,249,232.
	4503 AIRPARK BLVD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55811		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: PATRICK MINER SAME AS C ABOVE		If "No," attach a list. (see instructions)	
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			
J Website: HTTP://WWW.NORTHERNLAKESFOODBANK.ORG/			
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		Prior Year	Current Year
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 2019 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	1318
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,544,985.	10,653,116.
	9 Program service revenue (Part VIII, line 2g)	971,912.	1,089,282.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95,947.	103,802.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-12,047.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,600,797.	11,846,200.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,597,383.	9,919,585.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	825,134.	924,449.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 261,863.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	764,502.	852,543.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,187,019.	11,696,577.	
19 Revenue less expenses. Subtract line 18 from line 12	413,778.	149,623.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,410,826.	End of Year 6,911,106.
	21 Total liabilities (Part X, line 26)	103,783.	96,698.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,307,043.	6,814,408.

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			
	PATRICK MINER, BOARD CHAIR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JULIE BOYER	Preparer's signature JULIE BOYER	Date 09/16/20	Check if self-employed <input type="checkbox"/>	PTIN P01278549
	Firm's name RSM US LLP	Firm's address 227 WEST FIRST STREET, SUITE 700 DULUTH, MN 55802-1926	Firm's EIN 42-0714325	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 \$ 8,495,994. including grants of \$ 7,517,022.) (Revenue \$ 1,018,617.) 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 58 NON-PROFIT AGENCY PARTNERS (SOUP KITCHENS, FOOD SHELVES, SHELTERS AND OTHER CHARITABLE PARTNERS). IN 2019, WE PROVIDED OVER 4.7 MILLION POUNDS OF FOOD AND GROCERY PRODUCT, THE EQUIVALENT OF 3.8 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 2019 VOLUNTEERS CONTRIBUTED 4,817 HOURS TO OUR

4b (Code:) (Expenses \$ 1,150,982. including grants of \$ 1,012,156.) (Revenue \$ 0.) OUR FOOD SHELF IS A PROGRAM OPERATED BY SECOND HARVEST NORTHERN LAKES FOOD BANK TO PROVIDE FOOD DIRECTLY TO PEOPLE IN OUR AREA. IN 2019, WE PROVIDED FOOD SHELF SERVICE DIRECTLY TO AN AVERAGE OF 980 IN-NEED CHILDREN, ADULTS AND SENIORS PER MONTH WHO RESIDE IN HERMANTOWN, COMMUNITIES NORTH AND/OR ADJACENT. WE DISTRIBUTED 669,926 POUNDS OF FOOD AND GROCERY PRODUCT TO OUR FOOD SHELF PARTICIPANTS WHICH IS THE EQUIVALENT OF 535,941. ON AVERAGE, OUR FOOD SHELF PARTICIPANTS RECEIVED A 15-DAY SUPPLY OF FOOD FOR EACH MEMBER IN THEIR HOUSEHOLD AT EACH VISIT. OUR FOOD SHELF IS OPERATED ALMOST ENTIRELY BY VOLUNTEERS. IN FACT, IN 2019 VOLUNTEERS CONTRIBUTED 5,319 HOURS OF SERVICE OR 92% OF THE HOURS NEEDED TO CARRY OUT THIS PROGRAM WHICH WAS THE EQUIVALENT OF 2.5 FULL-TIME POSITIONS AT OUR FOOD BANK.

4c (Code:) (Expenses \$ 698,903. including grants of \$ 591,443.) (Revenue \$ 70,665.) 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 2019, WE PROVIDED COMMODITY FOOD BOXES TO AN AVERAGE OF 852 IN-NEED SENIORS PER MONTH THROUGHOUT NE MINNESOTA. WE DISTRIBUTED 365,088 POUNDS OF FOOD OR THE EQUIVALENT OF 292,072 MEALS. ON AVERAGE, OUR NAPS PARTICIPANTS RECEIVED A 12-DAY SUPPLY OF FOOD AS PART OF OUR MONTHLY SERVICE. OUR NAPS PROGRAM RELIES HEAVILY ON VOLUNTEERS. IN FACT IN 2019, VOLUNTEERS CONTRIBUTED 2,579 HOURS OF SERVICE OR THE EQUIVALENT OF A 1.2 FULL-TIME POSITION AT OUR FOOD BANK.

4d Other program services (Describe on Schedule O.) (Expenses \$ 919,116. including grants of \$ 798,964.) (Revenue \$ 0.)

4e Total program service expenses 11,264,995.

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 donor-restricted endowments or in 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
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		17
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 on 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 on Schedule O.		
	1a 12		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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
b	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:		
a	The governing body?	X	
b	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 on 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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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. See instructions for the order in which to list the persons above.

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) SHAYE MORIS EXECUTIVE DIRECTOR	40.00			X			114,182.	0.	5,697.	
(2) TIM MOWBRAY BOARD MEMBER	0.35	X					0.	0.	0.	
(3) DEAN PETERSON BOARD MEMBER	0.35	X					0.	0.	0.	
(4) MIKE GRAVES BOARD MEMBER	0.35	X					0.	0.	0.	
(5) KATE DEAN BOARD MEMBER	0.35	X					0.	0.	0.	
(6) STACEY PETERSON BOARD MEMBER	0.35	X					0.	0.	0.	
(7) JODY FORSYTHE BOARD MEMBER	0.35	X					0.	0.	0.	
(8) JEAN MASLOWSKI BOARD MEMBER	0.35	X					0.	0.	0.	
(9) DAWN ERICKSON BOARD MEMBER	0.35	X					0.	0.	0.	
(10) JOHN VIDMAR BOARD MEMBER UNTIL 07/17/19	0.35	X					0.	0.	0.	
(11) MIKE GAY BOARD MEMBER UNTIL 01/31/19	0.35	X					0.	0.	0.	
(12) PAMELA KRALL BOARD TREASURER	0.45	X		X			0.	0.	0.	
(13) MARY BERUBE BOARD SECRETARY	0.35	X		X			0.	0.	0.	
(14) ERIN BRADSHAW BOARD VICE CHAIR	0.35	X		X			0.	0.	0.	
(15) PATRICK MINER BOARD CHAIR	0.45	X		X			0.	0.	0.	

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	36,074.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)	2,038,772.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	8,578,270.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 8,990,649.				
	1 h	Total. Add lines 1a-1f		10,653,116.			
	Program Service Revenue	2 a	FOOD BANKING	Business Code 624200	1,018,617.	1,018,617.	
2 b		NAPS	Business Code 624200	70,665.	70,665.		
2 c							
2 d							
2 e							
2 f		All other program service revenue					
2 g		Total. Add lines 2a-2f		1,089,282.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		83,358.		83,358.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	423,476.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	403,032.				
	7 c	Gain or (loss)	20,444.				
7 d	Net gain or (loss)		20,444.		20,444.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		11,846,200.	1,089,282.	0.	103,802.	

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	7,303,571.	7,303,571.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,616,014.	2,616,014.		
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	119,879.	93,653.	16,273.	9,953.
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	668,241.	522,050.	90,710.	55,481.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	77,307.	64,097.	8,197.	5,013.
10 Payroll taxes	59,022.	46,110.	8,012.	4,900.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	19,692.	15,754.	3,938.	
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.)	32,682.	15,360.	12,419.	4,903.
12 Advertising and promotion	16,878.	3,544.		13,334.
13 Office expenses	235,973.	60,123.	9,260.	166,590.
14 Information technology				
15 Royalties				
16 Occupancy	66,715.	60,044.	6,671.	
17 Travel	10,496.	8,426.	2,070.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,797.	5,087.	710.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	129,821.	129,821.		
23 Insurance	46,465.	37,884.	8,581.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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	269,160.	269,160.		
b SUBSCRIPTIONS & DUES	8,054.	5,089.	1,276.	1,689.
c MISCELLANEOUS	6,084.	5,507.	577.	
d REPAIRS AND MAINTENANCE	4,726.	3,701.	1,025.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,696,577.	11,264,995.	169,719.	261,863.
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	395,041.	1	117,045.
	2 Savings and temporary cash investments	682,468.	2	484,691.
	3 Pledges and grants receivable, net	21,585.	3	55,169.
	4 Accounts receivable, net	79,696.	4	73,966.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	809,637.	8	698,889.
	9 Prepaid expenses and deferred charges	2,901.	9	1,838.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,604,618.		
	b Less: accumulated depreciation	10b 1,702,522.		
	11 Investments - publicly traded securities	1,994,239.	10c	1,902,096.
	12 Investments - other securities. See Part IV, line 11	2,123,942.	11	3,215,981.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	301,317.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,410,826.	15	361,431.	
		16	6,911,106.	
Liabilities	17 Accounts payable and accrued expenses	103,783.	17	96,698.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	103,783.	26	96,698.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,051,531.	27	6,558,396.
	28 Net assets with donor restrictions	255,512.	28	256,012.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,307,043.	32	6,814,408.
	33 Total liabilities and net assets/fund balances	6,410,826.	33	6,911,106.

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	11,846,200.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,696,577.
3	Revenue less expenses. Subtract line 2 from line 1	3	149,623.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,307,043.
5	Net unrealized gains (losses) on investments	5	297,628.
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 on Schedule O)	9	60,114.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,814,408.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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? _____
If the organization changed either its oversight process or selection process during the tax year, explain on 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? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8876351.	9496720.	10683204.	10544985.	10653116.	50254376.
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	1028886.	962,436.	895,031.	968,205.	1089282.	4943840.
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	9905237.	10459156.	11578235.	11513190.	11742398.	55198216.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	604,166.	825,159.	872,169.	878,294.	888,212.	4068000.
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	604,166.	825,159.	872,169.	878,294.	888,212.	4068000.
8 Public support. (Subtract line 7c from line 6.)						51130216.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	9905237.	10459156.	11578235.	11513190.	11742398.	55198216.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26,633.	33,544.	76,203.	91,205.	83,358.	310,943.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	26,633.	33,544.	76,203.	91,205.	83,358.	310,943.
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.)	9931870.	10492700.	11654438.	11604395.	11825756.	55509159.

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 2019 (line 8, column (f), divided by line 13, column (f))	15	92.11 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	93.59 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	.56 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	.48 %

19a 33 1/3% support tests - 2019. 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 - 2018. 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 (as 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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		(A) Prior Year	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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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).

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	<hr/> <hr/> <hr/>	\$ 100,926.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 20,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 14,049.	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/>	\$ <u>31,826.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>5,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>10,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>5,101.</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
13	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<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.)
17	<hr/> <hr/> <hr/>	\$ <u>5,970.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>95,953.</u>	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
19	<hr/> <hr/> <hr/>	\$ <u>357,667.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>28,883.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>102,664.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>31,776.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>5,181.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>128,017.</u>	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
25		\$ 888,212.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 1,493,135.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 545,637.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 14,718.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 52,179.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 24,075.	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
31	<hr/> <hr/> <hr/>	\$ <u>643,281.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>2,365,540.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>21,590.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>62,432.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>307,186.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>31,747.</u>	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/>	\$ 221,507.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 168,375.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 281,123.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 182,529.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 129,906.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 213,712.	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/>	\$ 134,556.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 113,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 20,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 16,473.	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
49		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 10,000.	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
55	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 7,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 7,011.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 6,155.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 6,000.	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
61	<hr/> <hr/> <hr/>	\$ <u>5,613.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ <u>5,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ <u>5,102.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ <u>5,000.</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
67	_____ _____ _____	\$ <u>8,601.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____ _____ _____	\$ <u>6,158.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____ _____ _____	\$ <u>160,928.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	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
17	80 SHARES OF XCEL ENERGY, INC STOCK	\$ 5,070.	12/31/19
18	DONATED FOOD	\$ 95,953.	12/31/19
19	DONATED FOOD	\$ 357,667.	12/31/19
20	DONATED FOOD	\$ 28,883.	12/31/19
21	DONATED FOOD	\$ 102,664.	12/31/19
22	DONATED FOOD	\$ 31,776.	12/31/19

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
23	DONATED FOOD _____ _____ _____	\$ <u>5,181.</u>	<u>12/31/19</u>
24	DONATED FOOD _____ _____ _____	\$ <u>128,017.</u>	<u>12/31/19</u>
25	DONATED FOOD _____ _____ _____	\$ <u>888,212.</u>	<u>12/31/19</u>
26	USDA COMMODITY FOODS _____ _____ _____	\$ <u>1,493,135.</u>	<u>12/31/19</u>
27	USDA COMMODITY FOODS _____ _____ _____	\$ <u>545,637.</u>	<u>12/31/19</u>
28	DONATED FOOD _____ _____ _____	\$ <u>14,718.</u>	<u>12/31/19</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
29	DONATED FOOD _____ _____ _____	\$ <u>52,179.</u>	<u>12/31/19</u>
30	DONATED FOOD _____ _____ _____	\$ <u>24,075.</u>	<u>12/31/19</u>
31	DONATED FOOD _____ _____ _____	\$ <u>643,281.</u>	<u>12/31/19</u>
32	DONATED FOOD _____ _____ _____	\$ <u>2,365,540.</u>	<u>12/31/19</u>
33	DONATED FOOD _____ _____ _____	\$ <u>21,590.</u>	<u>12/31/19</u>
34	DONATED FOOD _____ _____ _____	\$ <u>62,432.</u>	<u>12/31/19</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
35	DONATED FOOD _____ _____ _____	\$ <u>307,186.</u>	<u>12/31/19</u>
36	DONATED FOOD _____ _____ _____	\$ <u>31,747.</u>	<u>12/31/19</u>
37	DONATED FOOD _____ _____ _____	\$ <u>221,507.</u>	<u>12/31/19</u>
38	DONATED FOOD _____ _____ _____	\$ <u>168,375.</u>	<u>12/31/19</u>
39	DONATED FOOD _____ _____ _____	\$ <u>281,123.</u>	<u>12/31/19</u>
40	DONATED FOOD _____ _____ _____	\$ <u>182,529.</u>	<u>12/31/19</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
41	DONATED FOOD _____ _____ _____	\$ 129,906.	12/31/19
42	DONATED FOOD _____ _____ _____	\$ 213,712.	12/31/19
43	DONATED FOOD _____ _____ _____	\$ 134,556.	12/31/19
59	100 SHARES OF XCEL ENERGY, INC STOCK _____ _____ _____	\$ 6,155.	12/31/19
67	DONATED FOOD _____ _____ _____	\$ 8,601.	12/31/19
68	DONATED FOOD _____ _____ _____	\$ 6,158.	12/31/19

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
69	DONATED FOOD _____ _____ _____	\$ 160,928.	12/31/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - 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	301,316.	327,849.	234,236.	126,409.	128,171.
b Contributions	500.	300.	53,950.	101,050.	3,175.
c Net investment earnings, gains, and losses	62,158.	-24,318.	41,845.	8,000.	-3,639.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	2,543.	2,515.	2,178.	1,223.	1,298.
g End of year balance	361,431.	301,316.	327,853.	234,236.	126,409.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 71.00 %
 - c Term endowment 29.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		44,313.		44,313.
b Buildings		2,428,981.	872,255.	1,556,726.
c Leasehold improvements		105,890.	40,494.	65,396.
d Equipment		932,774.	756,544.	176,230.
e Other		92,660.	33,229.	59,431.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,902,096.

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) MICHAEL E. MINER HUNGER ENDOWMENT FUND	361,431.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	361,431.

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 FASB 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	12,203,942.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	297,628.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	60,114.	
e	Add lines 2a through 2d	2e		357,742.
3	Subtract line 2e from line 1		3	11,846,200.
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	11,846,200.

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	11,696,577.
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	11,696,577.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,696,577.

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:

NONPROFIT 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. NONPROFIT 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 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS 60,114.

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**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
BRUCE CARLTON FOOD PANTRY 2101 - 14TH STREET CLOQUET, MN 55720	41-1849304	501(C)(3)	0.	9,795.	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.	10,743.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
DULUTH COMMUNITY SCHOOLS COLLABORATIVE - 1027 N. 8TH AVENUE E. - DULUTH, MN 55805	41-2002724	501(C)(3)	0.	16,332.	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.	11,162.	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.	14,128.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
KIDDY KAROUSEL 3920 13TH AVENUE EAST HIBBING, MN 55746	41-1236276	501(C)(3)	0.	16,451.	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 **37.**

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) (2019)

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
LINCOLN PARK CHILDREN AND FAMILIES COLLABORATIVE - 2424 W. 5TH STREET, SUITE 10 - DULUTH, MN 55806	27-4990487	501(C)(3)	0.	21,755.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
WOODLAND HILLS 4321 ALLENDALE AVENUE DULUTH, MN 55803	41-0693848	501(C)(3)	0.	24,782.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
SILVER BAY FOOD SHELF AEOA 99 EDISON BOULEVARD SILVER BAY, MN 55614	41-6052144	501(C)(3)	0.	25,267.	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.	25,566.	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.	27,722.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FLOODWOOD FOOD SHELF/SERVICES AND TRAINING - 601 ASH STREET - FLOODWOOD, MN 55736	41-1296075	501(C)(3)	0.	28,079.	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.	30,587.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RANGE MENTAL HEALTH (RMH) 3203 3RD AVENUE W. HIBBING, MN 55746	41-0849301	501(C)(3)	0.	32,811.	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.	34,652.	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
ELIJAH'S PANTRY 501 - 7TH AVENUE TWO HARBORS, MN 55616	41-0907044	501(C)(3)	0.	36,693.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
RIVER CHURCH 1902 E. 4TH STREET DULUTH, MN 55812	41-0911367	501(C)(3)	0.	38,814.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
FRESHWATER VINEYARD 603 FAXON STREET SUPERIOR, WI 54880	16-1696730	501(C)(3)	0.	40,804.	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.	41,173.	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.	45,305.	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.	46,181.	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.	52,288.	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.	52,538.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
AICHO 202 W. 2ND STREET DULUTH, MN 55802	41-1782394	501(C)(3)	0.	53,116.	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
VALLEY YOUTH CENTERS OF DULUTH 720 N. CENTRAL AVENUE DULUTH, MN 55807	41-0850223	501(C)(3)	0.	54,058.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
LUTHERAN SOCIAL SERVICES 424 W. SUPERIOR STREET DULUTH, MN 55802	41-0872993	501(C)(3)	0.	57,902.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
WATER'S EDGE COMMUNITY CHURCH 2202 W. 3RD STREET DULUTH, MN 55806	41-0713866	501(C)(3)	0.	29,765.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
BOYS & GIRLS CLUB OF THE NORTHLAND PO BOX 16435 DULUTH, MN 55816	41-0969947	501(C)(3)	0.	58,188.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
PROCTOR FOOD SHELF AEOA 415 2ND STREET PROCTOR, MN 55810	41-6052144	501(C)(3)	0.	60,424.	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.	60,942.	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.	74,238.	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.	77,022.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
LIFE HOUSE 102 W. 1ST STREET DULUTH, MN 55802	41-1704840	501(C)(3)	0.	84,039.	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
DULUTH SALVATION ARMY 215 S. 27TH AVENUE WEST DULUTH, MN 55806	41-0698597	501(C)(3)	0.	94,951.	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.	113,222.	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.	121,729.	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.	137,205.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CLOQUET SALVATION ARMY 316 CARLTON AVENUE CLOQUET, MN 55720	41-0698597	501(C)(3)	0.	150,507.	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.	200,337.	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.	204,540.	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.	220,016.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
SUPERIOR SALVATION ARMY 916 HUGHITT AVENUE SUPERIOR, WI 54880	36-2167910	501(C)(3)	0.	229,131.	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
FAITH UNITED METHODIST CHURCH 1531 HUGHITT AVENUE SUPERIOR, WI 54880	39-1840533	501(C)(3)	0.	335,715.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
THE BRICK 420 ELLIS AVENUE ASHLAND, WI 54806	61-1536545	501(C)(3)	0.	435,099.	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.	516,907.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED
CHURCHES UNITED IN MINISTRY (CHUM) 102 W. 2ND STREET DULUTH, MN 55802	41-1227969	501(C)(3)	0.	606,285.	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.	621,642.	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.	757,105.	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.	823,239.	FMV	DONATED AND WHOLESALE FOOD	FEEDING PEOPLE IN NEED

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DISTRIBUTION OF COMMODITY FOODS TO SENIORS	10224	0.	591,443.	FMV	COMMODITY AND DONATED FOODS
DISTRIBUTION OF DONATED, WHOLESALE AND COMMODITY FOODS TO PEOPLE IN NEED	58495	0.	2,024,571.	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.

PART II, LINE 2:

MANY ORGANIZATIONS RECEIVE MULTIPLE GRANTS TO SUPPORT THEIR VARIOUS PROGRAMS. PART II, LINE 2 REPRESENTS THE NUMBER OF ORGANIZATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	5	18,493.	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	5,538,368	8,972,156.	ANNUAL VALUATION SUR
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.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

POUNDS OF FOOD

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

SECOND HARVEST NORTHERN LAKES FOOD BANK

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FORM 990, PART I, LINE 6

WE RECORD ALL SERVICE HOURS PROVIDED BY OUR VOLUNTEERS TO OUR ORGANIZATION. VOLUNTEERS SIGN IN TO EACH ACTIVITY, THEIR INFORMATION IS RECORDED IN OUR DATABASE AND MONTHLY/ANNUAL REPORTS ARE COMPLETED. VOLUNTEERS ASSIST IN SORTING, LABELING AND PACKING FOOD; SERVE IN OUR PROGRAMS AND PERFORM ADMINISTRATIVE TASKS AND TASKS RELATED TO OUR SPECIAL EVENTS.

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

FOOD BANK PROGRAM WHICH WAS THE EQUIVALENT OF 2.3 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 2019, WE PROVIDED SERVICE IN THREE (3) LOCATIONS SERVING AN AVERAGE OF 1,070 IN-NEED CHILDREN, ADULTS AND SENIORS PER MONTH. WE DISTRIBUTED 454,747 POUNDS OF FOOD AND GROCERY PRODUCT TO OUR PANTRY PARTICIPANTS WHICH IS THE EQUIVALENT OF 363,798 MEALS. ON AVERAGE, OUR MOBILE FOOD PANTRY PARTICIPANTS RECEIVED A 12-DAY SUPPLY OF FOOD FOR EACH MEMBER IN THEIR HOUSEHOLD AT EACH VISIT. IN 2019, VOLUNTEERS CONTRIBUTED 1,342 HOURS OF SERVICE OR THE EQUIVALENT OF A .65 FULL-TIME POSITION AT OUR FOOD BANK.

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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 2019, WE PROVIDED 33,897 BAGS OF FOOD TO CHILDREN IN NEED. WE DISTRIBUTED 125,062 POUNDS OF FOOD OR THE EQUIVALENT OF 100,050 MEALS. ON AVERAGE OUR BACKPACK PROGRAM PARTICIPANTS RECEIVED 3-5 MEALS/SNACKS AS PART OF OUR SERVICE. IN 2019, VOLUNTEERS CONTRIBUTED 2,014 HOURS OF SERVICE OR THE EQUIVALENT OF A .97 FULL-TIME POSITION AT OUR FOOD BANK. EXPENSES \$ 919,116. INCLUDING GRANTS OF \$ 798,964. REVENUE \$ 0.

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

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

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).

Name of the organization

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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.

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

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

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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.

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 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 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS 60,114.

FORM 990, PART XI, LINE 6

DONATED SERVICES FOR THE YEAR TOTALED 16,072 HOURS, WHICH WERE VALUED

Name of the organization SECOND HARVEST NORTHERN LAKES FOOD BANK	Employer identification number 36-3479964
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AT \$230,633.

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.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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.

Type or print	Name of exempt organization or other filer, see instructions. SECOND HARVEST NORTHERN LAKES FOOD BANK	Taxpayer identification number (TIN) 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	
	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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** 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.