

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
SECOND HARVEST NORTH CENTRAL FOOD BANK

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
GRAND RAPIDS, MN 55744

D Employer identification number
41-1782776

E Telephone number
(218) 326-4420

G Gross receipts \$ 7,055,823

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

H(a) Is this a group return for subordinates? Yes No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SECONDHARVESTNCFB.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1994

M State of legal domicile: MN

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
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	500
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,737,335	6,106,726
9 Program service revenue (Part VIII, line 2g)	973,644	944,478
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,263	2,897
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,657	-453
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,713,585	7,053,648

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,424,245	5,759,342
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)	703,487	717,607
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶162,213		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	646,981	657,340
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,774,713	7,134,289
19 Revenue less expenses. Subtract line 18 from line 12	-61,128	-80,641

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,517,262	2,527,923
21 Total liabilities (Part X, line 26)	94,578	145,689
22 Net assets or fund balances. Subtract line 21 from line 20	2,422,684	2,382,234

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: 2020-09-30
SUSAN ESTEE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date 2020-09-30
Check if self-employed PTIN P01690179
Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749
Firm's address ▶ 818 SECOND STREET SOUTH SUITE 320
WAITE PARK, MN 56387 Phone no. (320) 203-5500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ENGAGING THE COMMUNITY TO END HUNGER

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 6,296,621 including grants of \$ 5,563,829) (Revenue \$ 720,227)
See Additional Data

4b (Code:) (Expenses \$ 114,769 including grants of \$ 114,769) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 62,662 including grants of \$ 23,077) (Revenue \$ 91,763)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 164,634 including grants of \$ 57,667) (Revenue \$ 132,488)

4e Total program service expenses ▶ 6,638,686

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	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? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question has a corresponding box for the answer.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: MN
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ALICE SVIGEL 2222 CROMELL DR GRAND RAPIDS, MN 55744 (218) 326-4420

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL UNDELAND PRESIDENT	1.00	X		X			0	0	0	
(2) MIKE STEFAN VICE PRESIDENT	0.50	X		X			0	0	0	
(3) DIANE SKELLY SECRETARY	0.50	X		X			0	0	0	
(4) JARED PINK TREASURER	0.50	X		X			0	0	0	
(5) JENNIFER BYMARK DIRECTOR	0.50	X					0	0	0	
(6) DARYL ERDMAN DIRECTOR	0.50	X					0	0	0	
(7) LOUIS GUELTZOW DIRECTOR	0.50	X					0	0	0	
(8) ERICH HEPPNER DIRECTOR	0.50	X					0	0	0	
(9) SARAH MCBROOM DIRECTOR	0.50	X					0	0	0	
(10) TONI SAUSMAN DIRECTOR	0.50	X					0	0	0	
(11) LEO TRUNT DIRECTOR	0.50	X					0	0	0	
(12) JOHN WEYER DIRECTOR	0.50	X					0	0	0	
(13) ROBERTA ZIMMERMAN DIRECTOR	0.50	X					0	0	0	
(14) SUSAN ESTEE EXECUTIVE DIRECTOR	40.00			X			83,090	0	14,524	
(15) ALICE SVIGEL FINANCE MANAGER	40.00			X			50,431	0	6,356	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	7,271				
	b Membership dues	1b					
	c Fundraising events	1c	70,673				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,448,199				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,580,583				
	g Noncash contributions included in lines 1a - 1f:\$	1g	4,803,713				
	h Total. Add lines 1a-1f			6,106,726			
Program Service Revenue	2a FOOD DISTRIBUTION	Business Code					
		624200	941,328	941,328			
	b AGENCY MEMBERSHIP DUES	624200	3,150	3,150			
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		944,478					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,897			2,897	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
			b Less: rental expenses	6b			
			c Rental income or (loss)	6c			
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
			b Less: cost or other basis and sales expenses	7b			
			c Gain or (loss)	7c			
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 70,673 of contributions reported on line 1c). See Part IV, line 18	8a		0			
			b Less: direct expenses	8b	2,175		
			c Net income or (loss) from fundraising events		-2,175		-2,175
	9a Gross income from gaming activities. See Part IV, line 19	9a					
			b Less: direct expenses	9b			
			c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold			10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS	900099	1,722			1,722		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		1,722					
12 Total revenue. See instructions		7,053,648	944,478	0	2,444		

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	3,870,394	3,870,394		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,888,948	1,888,948		
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	152,701		133,378	19,323
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	450,744	362,082	58,085	30,577
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	19,505	16,166	2,150	1,189
9 Other employee benefits	51,516	40,206	8,318	2,992
10 Payroll taxes	43,141	26,463	13,352	3,326
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,144		25,144	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	38,546	22,292	16,254	
12 Advertising and promotion	613		613	
13 Office expenses	156,589	58,235	11,136	87,218
14 Information technology				
15 Royalties				
16 Occupancy	57,276	51,419	5,857	
17 Travel	52,648	48,916	2,902	830
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,664	1,870	1,547	1,247
20 Interest	189		189	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	100,237	90,213	10,024	
23 Insurance	14,390	12,951	1,439	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSE	91,060	41,353	34,196	15,511
b FREIGHT & STORAGE	62,865	62,865		
c CLUSTER EXPENSE	40,725	40,725		
d OTHER EXPENSES	12,394	3,588	8,806	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,134,289	6,638,686	333,390	162,213
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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing		1		
	2 Savings and temporary cash investments	375,145	2	367,212	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	74,107	4	77,003	
	5 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		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	688,910	8	752,398	
	9 Prepaid expenses and deferred charges	3,644	9	3,644	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,180,266			
	b Less: accumulated depreciation	10b 1,124,315	1,147,139	10c	1,055,951
	11 Investments—publicly traded securities	228,317	11	271,715	
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,517,262	16	2,527,923		
Liabilities	17 Accounts payable and accrued expenses	88,647	17	140,949	
	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	4,740	23	3,507	
	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	1,191	25	1,233	
	26 Total liabilities. Add lines 17 through 25	94,578	26	145,689	
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	2,338,379	27	2,252,937	
	28 Net assets with donor restrictions	84,305	28	129,297	
	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	2,422,684	32	2,382,234		
33 Total liabilities and net assets/fund balances	2,517,262	33	2,527,923		

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	7,053,648
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,134,289
3	Revenue less expenses. Subtract line 2 from line 1	3	-80,641
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,422,684
5	Net unrealized gains (losses) on investments	5	40,191
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,382,234

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 in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 41-1782776

Name: SECOND HARVEST NORTH CENTRAL FOOD BANK

Form 990 (2019)

Form 990, Part III, Line 4a:

FOOD BANK DISTRIBUTION:THE PRIMARY PROGRAM OF SECOND HARVEST NORTH CENTRAL FOOD BANK IS ACQUISITION, WAREHOUSING AND DISTRIBUTION OF DONATED FOOD AND RELATED GROCERY PRODUCTS TO THE OTHER NON-PROFIT AGENCIES THAT PROVIDE FOOD TO LOW-INCOME PEOPLE IN AITKIN, CASS, CROW WING, ITASCA, KANABEC, KOOCHICHING AND MILLE LACS COUNTIES IN MINNESOTA. IN 2019 OVER 4.846 MILLION POUNDS OF FOOD WERE DISTRIBUTED THROUGH 120 AGENCIES AND DIRECTLY TO INDIVIDUALS THROUGH SECOND HARVEST PROGRAMS. SECOND HARVEST PURCHASES GROCERY PRODUCTS THAT ARE DESIRABLE BUT RARELY DONATED FOR DISTRIBUTION TO AGENCIES AND RE-PACKS BULK PRODUCTS FOR MORE CONVENIENT DISTRIBUTION. FIFTEEN EMPLOYEES WORK IN WAREHOUSING, DELIVERY, ADMINISTRATION AND PROGRAMS. VOLUNTEERS PROVIDE OVER 17,409 HOURS OF DONATED TIME TO SECOND HARVEST FOOD BANK OPERATIONS EVERY YEAR.

Form 990, Part III, Line 4b:

CSFP PROGRAM: CSFP IS THE COMMODITY SUPPLEMENTAL FOOD PROGRAM OF THE USDA AND CONTRACTED IN MINNESOTA THROUGH THE DEPARTMENT OF HEALTH. IN 2019, 17,297 SENIORS RECEIVED COMMODITY FOOD BOXES FROM THIS PROGRAM. OVER 1,440 BOXES ARE PACKED AT SECOND HARVEST BY VOLUNTEERS EVERY MONTH AND DISTRIBUTED THROUGH 57 LOCATIONS IN THE SERVICE AREA. VOLUNTEER HOURS TOTAL OVER 3,000 ANNUALLY.

Form 990, Part III, Line 4c:

SH FOOD SHELF:THE SH FOOD SHELF IS THE FOOD PANTRY PROGRAM OF SECOND HARVEST FOOD BANK. THE FOOD SHELF PROVIDES FOOD DIRECTLY TO PEOPLE EXPERIENCING HUNGER IN GRAND RAPIDS AND ITS SURROUNDING COMMUNITIES. IN 2019, THERE WERE 10,804 HOUSEHOLD VISITS TO THE FOOD SHELF RESULTING IN THE DISTRIBUTION OF 847,633 POUNDS OF FOOD TO THOSE FAMILIES. THE SH FOOD SHELF SERVED AN AVERAGE OF 901 CHILDREN, 221 SENIORS AND 1,426 ADULTS PER MONTH, WHO WERE AT RISK OF MISSING NUTRITIOUS MEALS IF THE FOOD SHELF WAS NOT IN OPERATION. VOLUNTEERS ARE USED TO A HIGH DEGREE IN HELPING TO STAFF THE FOOD SHELF AND KEEP PROGRAM COSTS DOWN.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 105,472 including grants of \$ 57,667) (Revenue \$ 78,471)

KIDS PACK TO GO BACKPACK PROGRAM:IN 2019 32,400 PACKS WERE DISTRIBUTED TO FOOD INSECURE SCHOOL AGE CHILDREN THROUGH 22 ELEMENTARY SCHOOLS TO OVER 3,000 CHILDREN EACH SCHOOL MONTH . CHILD FRIENDLY, NON-PERISHABLE FOOD ITEMS WERE SENT HOME WITH CHILDREN BY SCHOOL STAFF WHO DETERMINED WHICH STUDENTS WERE AT RISK OF GOING HUNGRY BECAUSE THEY DID NOT HAVE ENOUGH FOOD AT HOME TO EAT, INCLUDING AFTER SCHOOL SNACKS.

(Code:) (Expenses \$ 59,162 including grants of \$) (Revenue \$ 54,017)

ITASCA HOLIDAY PROGRAM:THE ITASCA HOLIDAY PROGRAM PROVIDES HOLIDAY FOOD BOXES AND GIFTS FOR CHILDEN IN LOW-INCOME HOUSEHOLDS IN ITASCA COUNTY AND HILL CITY. THE PROGRAM PROVIDES COMPREHENSIVE, NON-DUPLICATIVE, COMMUNITY SUPPORTED HELP TO NEEDY FAMILIES DURING THE HOLIDAYS. IN 2019, 1,686 HOLIDAY FOOD BOXES, FRESH FRUIT AND GROCERY VOUCHERS WERE DISTRIBUTED TO NEEDY FAMILIES FROM 9 DIFFERENT LOCATIONS AND DONATED GIFTS WERE GIVEN TO 1,660 CHILDREN, THE HOLIDAY FOOD BOXES SUPPORTED APPROXIMATELY 4,720 FOOD INSECURE INDIVIDUALS WITH SUPPLEMENTAL FOOD.

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 NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

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

The organization is not a private foundation because it is: (For lines 1 through 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 **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 failed 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 grant.") . . .	6,029,891	5,301,686	5,634,712	5,737,335	6,106,726	28,810,350
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	6,029,891	5,301,686	5,634,712	5,737,335	6,106,726	28,810,350
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) . . .						3,138,160
6 Public support. Subtract line 5 from line 4.						25,672,190

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. . .	6,029,891	5,301,686	5,634,712	5,737,335	6,106,726	28,810,350
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	8,036	8,118	7,925	4,263	2,897	31,239
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.). . .	372	434	432	266	1,722	3,226
11 Total support. Add lines 7 through 10						28,844,815
12 Gross receipts from related activities, etc. (see instructions)					12	4,950,779

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	89.000 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	86.070 %

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

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

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

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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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 on line 12 of 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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
	2		
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>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
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>		
	3c		
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>		
	4a		
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>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	4c		
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>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
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>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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>	Yes	No
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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is 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.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS REVENUE - 2015 AMOUNT: \$ 372. 2016 AMOUNT: \$ 434. 2017 AMOUNT: \$ 432. 2018 AMOUNT: \$ 266. 2019 AMOUNT: \$ 1,722.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
SECOND HARVEST NORTH CENTRAL FOOD BANK
Employer identification number
41-1782776

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	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? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" 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	184,305	187,080	174,349	68,325	70,136
b Contributions	0	3,448	600	102,750	600
c Net investment earnings, gains, and losses	20,742	-8,207	12,937	4,022	-1,706
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	950	898	806	748	705
g End of year balance	204,297	184,305	187,080	174,349	68,325

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		85,480		85,480
b Buildings		1,604,070	787,544	816,526
c Leasehold improvements				
d Equipment		490,716	336,771	153,945
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,055,951

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. (Column (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. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,233

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	7,096,014
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	40,191
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,175
e	Add lines 2a through 2d	2e	42,366
3	Subtract line 2e from line 1	3	7,053,648
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	7,053,648

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	7,136,464
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	2,175
e	Add lines 2a through 2d	2e	2,175
3	Subtract line 2e from line 1	3	7,134,289
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	7,134,289

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 41-1782776

Name: SECOND HARVEST NORTH CENTRAL FOOD BANK

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	TO SUPPORT THE GENERAL OPERATIONS OF THE FOOD BANK.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOOD BANK IS A MINNESOTA NONPROFIT CORPORATION AND IS EXEMPT FROM INCOME TAXES UNDER CODE SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; THEREFORE, A PROVISION FOR INCOME TAXES IS NOT REQUIRED. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE. THE ORGANIZATION FILES AS A TAX EXEMPT ORGANIZATION, SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION WOULD BE SUBJECT TO REVIEW BY THE IRS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS (FUNDRAISING) EXPENSES 2,175.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS (FUNDRAISING) EXPENSES 2,175.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHEF'S GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	70,673			70,673
2	Less: Contributions	70,673			70,673
3	Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,175			2,175
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				2,175
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-2,175

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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.

Name of the organization
SECOND HARVEST NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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.

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FOOD FOR INDIGENTS	999		1,888,948	AVG WHOLESALE VALUE	FOOD
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	SECOND HARVEST MONITORS THE FOOD THEY DISTRIBUTE TO AGENCIES BY THE USE OF ESTABLISHED MONTHLY SERVICE STATISTICS REPORTS. THE SERVICE STATISTICS REPORT REQUIRES ALL AGENCIES TO REPORT THE NUMBER OF HOUSEHOLDS AND INDIVIDUALS THAT COME INTO THEIR ORGANIZATION MONTHLY ALONG WITH THE POUNDAGE OF FOOD THAT WAS DISTRIBUTED. THE SECOND HARVEST OPERATION MANAGER ENSURES THAT THE SERVICE STATISTICS REFLECTING USAGE COMPARED TO THE POUNDAGE GOING OUT AT THE AGENCIES LOOKS REASONABLE AT LEAST QUARTERLY DURING THE YEAR.

Additional Data**Software ID:****Software Version:****EIN:** 41-1782776**Name:** SECOND HARVEST NORTH CENTRAL FOOD BANK**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTIVE LIVING CENTER 400 RIVER ROAD GRAND RAPIDS, MN 55744	41-1358634	501(C)(3)		7,344	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
ADULT DAY SERVICE 620 CARR LAKE ROAD BEMIDJI, MN 56601	43-1960840	501(C)(3)		5,539	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BACK PACK PROGRAM 2222 CROMELL DRIVE GRAND RAPIDS, MN 55744	41-1782776	501(C)(3)		153,329	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
BALL CLUB MOBILE PANTRY 30995 ARCTIC ROAD BALL CLUB, MN 56636	41-1782776	501(C)(3)		30,051	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEACON HILL 415 SE 21ST ST GRAND RAPIDS, MN 55744	41-0859738	501(C)(3)		7,826	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
BENA MOBILE PANTRY COMMUNITY CENTER-OLD HOUSING DRIVE BENA, MN 56626	41-1782776	501(C)(3)		71,391	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRainerd First Baptist Church 7398 Fairview Road NW Baxter, MN 56425	41-6029149	501(C)(3)		52,505	AVG. WHOLESALE FOOD	FOOD	TO END HUNGER
BRainerd SA Food Shelf PO Box 385 BRainerd, MN 56401	41-0698597	501(C)(3)		462,969	AVG. WHOLESALE FOOD	FOOD	TO END HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASS LAKE AREA FOOD SHELF 16051 65TH AVE NW CASS LAKE, MN 56633	61-1723716	501(C)(3)		271,268	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
CENTRAL LAKES COLLEGE 501 W COLLEGE DR BRainerd, MN 56401	23-7007111	501(C)(3)		26,695	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MENTAL HEALTH 35382 US HIGHWAY 2 GRAND RAPIDS, MN 55744	41-1742282	501(C)(3)		7,073	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
CITIZENS FOR BACKUS AB 900 5TH ST INTERNATIONAL FALLS, MN 56649	32-0018497	501(C)(3)		6,532	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMM FOOD SHELF AT FIRST LUTH 107 SECOND ST SE AITKIN, MN 56431	41-0711461	501(C)(3)		78,847	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
COMMUNITY CARE-N-SHARE PO BOX 354 EMILY, MN 56447	46-4436799	501(C)(3)		27,828	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSS LAKE FOOD SHELF PO BOX 253 CROSS LAKE, MN 56442	41-1397273	501(C)(3)		47,297	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
CUYUNA FOOD SHELF PO BOX 33 CROSBY, MN 56441	41-1811512	501(C)(3)		137,155	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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DEER RIVER BOYS & GIRLS CLUB PO BOX 327 WALKER, MN 56484	41-1929446	501(C)(3)		12,753	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
DEER RIVER COMMUNITY CAF PO BOX 5192 GRAND RAPIDS, MN 55744	20-1239743	501(C)(3)		8,045	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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DEER RIVER FOOD SHELF PO BOX 2 DEER RIVER, MN 56636	41-1476506	501(C)(3)		122,432	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
DIVOF INDIAN WORKS-EAST LAKE 20879 370TH LANE MC GREGOR, MN 55407	41-0693933	501(C)(3)		12,694	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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DIW MILLE LACS LAKE FOOD SHELF 1001 EAST LAKE STREET MINNEAPOLIS, MN 55407	41-0693933	501(C)(3)		36,856	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
EMILY FOOD SHELF 42145 BIRCHWOOD DRIVE EMILY, MN 56447	45-3504397	501(C)(3)		64,942	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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FALLS HUNGER COALITION INC 1000 5TH STREET INTERNATIONAL FALLS, MN 56649	36-3602229	501(C)(3)		156,739	AVG. WHOLESALE FOOD	FOOD	TO END HUNGER
FATHER'S HEART AND HANDS PO BOX 99 REMER, MN 56672	20-0599764	501(C)(3)		32,433	AVG. WHOLESALE FOOD	FOOD	TO END HUNGER

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

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FEDERAL DAM MOBILE PANTRY 121 PINE STREET FEDERAL DAM, MN 56641	41-1782776	501(C)(3)		19,288	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
GARRISON AREA CAREGIVERS PO BOX 336 GARRISON, MN 56450	20-2899659	501(C)(3)		69,946	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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HACKENSACK COMM FOOD SHELF 208 STATE HWY 3715 HACKENSACK, MN 56452	46-1312531	501(C)(3)		47,510	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
HILL CITY AREA FOOD SHELF PO BOX 437 HILL CITY, MN 55748	23-7154390	501(C)(3)		45,816	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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HOPE HOUSE 2002 CROMELL DRIVE LAPRAIRIE, MN 55744	36-3415460	501(C)(3)		18,850	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
ISLE AREA FOOD SHELF 1435 LAKE SHORE BLVD WAHKON, MN 56386	47-2752251	501(C)(3)		33,260	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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JACOBSON FOOD SHELF 60346 240TH AVE JACOBSON, MN 55752	41-1461906	501(C)(3)		12,513	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
KOOTASCA HEAD START FOOD SERVICE 1213 2ND AVE SE GRAND RAPIDS, MN 55744	41-0904805	501(C)(3)		10,818	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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LAKES AREA FOOD SHELF PO BOX 724 NISSWA, MN 56468	41-1715784	501(C)(3)		131,331	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
LITTLE SAND GROUP HOME PO BOX 40 REMER, MN 56672	41-1740707	501(C)(3)		6,340	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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LONGVILLE FOOD SHELF PO BOX 308 LONGVILLE, MN 56655	46-3478081	501(C)(3)		111,378	AVG. WHOLESALE FOOD	FOOD	TO END HUNGER
LSS-PINE RIVER SR NUTRITION 715 11TH ST N STE 401C MOORHEAD, MN 56560	41-0872993	501(C)(3)		9,380	AVG. WHOLESALE FOOD	FOOD	TO END HUNGER

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

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LSS-WALKER NUTRITION CENTER 715 11TH ST N STE 401C MOORHEAD, MN 56560	41-0872993	501(C)(3)		9,955	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
MCGREGOR FOODSHELF 45898 STATE HIGHWAY 65 MC GREGOR, MN 55760	41-1749827	501(C)(3)		45,868	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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MILACA AREA PANTRY PO BOX 133 MILACA, MN 56353	41-1628297	501(C)(3)		163,823	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
MN FOODBANK NETWORK WINNETKA AVE N BROOKLYN PARK, MN 55428	23-7417654	501(C)(3)		29,692	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MN TEEN CHALLENGE 740 EAST 24TH STREET MINNEAPOLIS, MN 56404	41-1517351	501(C)(3)		30,498	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
MORA FOOD PANTRY PO BOX 434 MORA, MN 55051	41-1457824	501(C)(3)		98,180	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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N WOODS COALITION FOR FAMILY SAFETY PO BOX 563 BEMIDJI, MN 56619	41-1333404	501(C)(3)		10,316	AVG. WHOLESALE FOOD	FOOD	TO END HUNGER
NEIGHBORS HELPING NEIGHBORS FS PO BOX 101 NASHWAK, MN 55769	27-1685000	501(C)(3)		59,486	AVG. WHOLESALE FOOD	FOOD	TO END HUNGER

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

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NEW LEAF HEALING CENTER 1007 NW 4TH ST SUITE B GRAND RAPIDS, MN 55744	36-3541015	501(C)(3)		6,078	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
NEW TRAILS GROUP HOME 312 E ELM STREET ONAMIA, MN 56359	41-1419064	501(C)(3)		6,110	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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NORTHERN ITASCA FOOD SHELF 36630 JUNEAU ROAD BIGFORK, MN 56628	36-3512185	501(C)(3)		29,722	AVG. WHOLESALE FOOD	FOOD	TO END HUNGER
NORTHLAND COUNSELING - HEALING FOUNDATION 18134 RIVER ROAD GRAND RAPIDS, MN 55744	41-0859738	501(C)(3)		5,407	AVG. WHOLESALE FOOD	FOOD	TO END HUNGER

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

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NORTHLAND COUNSELING POKEGAMA 408 2ND AVE SE GRAND RAPIDS, MN 55744	41-0859738	501(C)(3)		8,217	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
NORTHLAND COUNSELING- SPEAR'S 408 2ND AVE SE GRAND RAPIDS, MN 55744	41-0859738	501(C)(3)		6,650	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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NORTHLAND RECOVERY CENTER 1215 SOUTHEAST 7TH AVE GRAND RAPIDS, MN 55744	41-0859738	501(C)(3)		59,773	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
NORTHOME FOOD SHELF PO BOX 236 NORTHOME, MN 56661	27-3585068	501(C)(3)		28,024	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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OGILVIE FOOD SHELF PO BOX 117 OGILVIE, MN 56358	41-1937148	501(C)(3)		34,955	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
ONAMIA FOOD SHELF-FAMILY PATHW 6413 OAK STREET NORTH BRANCH, MN 55056	41-1332828	501(C)(3)		159,643	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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ONIGUM MOBILE PANTRY 8825 ONIGUM ROAD ONIGUM, MN 56647	41-1782776	501(C)(3)		9,990	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
PILLAGER FOOD SHELF 305 FIR AVE WEST PILLAGER, MN 56473	41-1811057	501(C)(3)		33,426	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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PINE RIVER FOOD SHELF PO BOX 1 PINE RIVER, MN 56474	41-1851010	501(C)(3)		63,104	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
PINEHAVEN YOUTH & FAMILY SER PO BOX 667 BRAINERD, MN 56401	13-4355222	501(C)(3)		11,363	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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PRINCETON PANTRY 104 6TH AVE SOUTH PRINCETON, MN 55371	41-1589398	501(C)(3)		227,405	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
SECOND HARVEST FOOD BANK 2222 CROMELL DRIVE GRAND RAPIDS, MN 55744	41-1782776	501(C)(3)		62,320	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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SHARING BREAD SOUP KITCHEN PO BOX 632 BRainerd, MN 56401	41-1634222	501(C)(3)		12,616	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
SOLID ROCK CHURCH OF GOD 555 LAPRAIRIE AVENUE GRAND RAPIDS, MN 55744	41-1324457	501(C)(3)		6,748	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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THE WAREHOUSE PO BOX 195 PINE RIVER, MN 56474	41-1303842	501(C)(3)		5,302	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
TRUE DIRECTIONS INC MANOR 106 E MAPLE AVE MORA, MN 55051	41-1239056	501(C)(3)		14,895	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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TRUE DIRECTIONS INC HAVEN WOMEN'S PROGRAM 206 E MAPLE AVE MORA, MN 55051	41-1239056	501(C)(3)		7,128	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
VANDYKE ELEMENTARY 300 COLE ST COLERAINE, MN 55722	41-1742282	501(C)(3)		8,759	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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VOA MORA LIVING CENTER 38 UNION ST N MORA, MN 55051	13-1692595	501(C)(3)		8,458	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
WALKER BOYS & GIRLS CLUB PO BOX 327 WALKER, MN 56484	41-1929446	501(C)(3)		7,183	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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WALKER FOOD SHELF PO BOX 1101 WALKER, MN 56484	41-1517569	501(C)(3)		138,084	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER
WEEFOLKS PROGRAM-ITASCA YMCA 400 RIVER ROAD GRAND RAPIDS, MN 55744	41-1358634	501(C)(3)		6,847	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

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

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WHA SCHOOL PANTRY 301 4TH ST WALKER, MN 56484	41-1417569	501(C)(3)		5,419	AVG. WHOLSALE FOOD	FOOD	TO END HUNGER

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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 the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SECOND HARVEST NORTH CENTRAL FOOD BANK

Employer identification number
41-1782776

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	37	6,024,650	AVG WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

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?

	Yes	No
30a		No
31	Yes	
32a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**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**

Department of the Treasury

Name of the organization

SECOND HARVEST NORTH CENTRAL FOOD BANK

Employer identification number

41-1782776

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	OFFICERS AND THE BOARD REVIEW PRIOR TO FILING. BOARD MEMBERS REVIEW A PRESENTATION AT A BOARD MEETING. BOARD MEMBERS ARE PROVIDED A PRINTED COPY OF THE 990 AT THE MEETING AND CAN DOWNLOAD IT FROM ORGANIZATION'S WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>EACH EMPLOYEE AND BOARD MEMBER SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE EMPLOYEE OR BOARD MEMBER IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST OCCURRING. SUCH RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE SERVICE AS A DIRECTOR OR CONSULTANT TO A NONPROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO THE SECOND HARVEST NORTH CENTRAL FOOD BANK. ANY SUCH INFORMATION REGARDING BUSINESS INTERESTS OF AN EMPLOYEE, BOARD MEMBER OR A FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE EXECUTIVE DIRECTOR, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST. EMPLOYEES, WHO HAVE A CONFLICT OF INTEREST THAT IS NOT SUBJECT TO BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO THE CHAIR OR THE CHAIR'S DESIGNEE ANY CONFLICT OF INTEREST. IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO THE CHAIR AND THE CHAIR'S DESIGNEE, WHO SHALL DETERMINE WHETHER THERE EXISTS A CONFLICT OF INTEREST THAT IS SUBJECT TO THE ESTABLISHED SECOND HARVEST CONFLICT OF INTEREST POLICY. PRIOR TO BOARD OR COMMITTEE ACTION INVOLVING A CONFLICT OF INTEREST, A BOARD MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL MATERIAL FACTS PERTAINING TO THE CONFLICT OF INTEREST POLICY. THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE SECOND HARVEST CENTRAL FOOD BANK HAS IN PLACE SALARY RANGES FOR ALL EMPLOYEES BASED ON INFORMATION FROM THE FEEDING AMERICA NETWORK ACTIVITY REPORT (NAR) UPDATED ANNUALLY WITH INPUT FROM THE FEEDING AMERICA FOOD BANK MEMBERS. SECOND HARVEST NORTH CENTRAL FOOD BANK ALSO BELONGS TO THE MINNESOTA COUNCIL OF NON-PROFITS (MCN) AND PARTICIPATES IN THE ANNUAL SALARY SURVEY CONDUCTED BY MCN AND PUBLISHED FOR USE BY ITS MEMBERS. THESE TWO SOURCES ARE USED TO SET ANNUAL SALARY RANGES FOR ALL FOOD BANK STAFF, INCLUDING THE EXECUTIVE DIRECTOR . THE SUPPORTING DOCUMENTS FROM THE NAR AND MCN SALARY SURVEY ARE PROVIDED TO THE BOARD PRESIDENT AND PERSONNEL COMMITTEE. THE BOARD USES THE INFORMATION TO SET THE SALARY FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR USES INFORMATION TO SET THE SALARIES FOR THE REST OF THE EMPLOYEES. THE PROCESS AND COMPENSATION DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED AND INCLUDE REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION IN 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.