

Mail To:

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

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

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information

Legal Name of Organization HUNGER SOLUTIONS MINNESOTA

Federal EIN: 36-3567366 Fiscal Year-End: 12/31/2019

mm/dd/yyyy

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

| | |
|---|--|
| <p>Mailing Address:</p> <p><u>ABY JOHN</u> Contact Person</p> <p><u>555 PARK STREET RM/STE 400</u> Street Address</p> <p><u>ST PAUL MN 55103</u> City, State, and Zip Code</p> <p><u>651-486-9860</u> Phone Number</p> <p><u>AJOHN@HUNGERSOLUTIONS.ORG</u> Email Address</p> | <p>Physical Address:</p> <p><u>ABY JOHN</u> Contact Person</p> <p><u>555 PARK STREET RM/STE 400</u> Street Address</p> <p><u>ST PAUL MN 55103</u> City, State, and Zip Code</p> <p><u>651-486-9860</u> Phone Number</p> <p><u>AJOHN@HUNGERSOLUTIONS.ORG</u> Email Address</p> |
|---|--|

1. Organization's website: HUNGERSOLUTIONS.ORG

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

 Alternate Former
 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

HUNGER SOLUTIONS MINNESOTA

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

5. Total amount of contributions the organization received from Minnesota donors: \$ 546,382

6. Has the organization's tax-exempt status with the IRS changed?

Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

Yes No If yes, attach explanation.

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

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

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

| | |
|---------------------------------|--------------|
| Name of Professional Fundraiser | Compensation |
|---------------------------------|--------------|

| | |
|----------------|---------------------------|
| Street Address | City, State, and Zip Code |
|----------------|---------------------------|

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

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

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

| Name and title | Compensation* | Other compensation |
|---|---------------|--------------------|
| COLLEEN MORIARITY EXECUTIVE DIRECTOR | 130,873 | 17,786 |
| | | |
| | | |
| | | |
| | | |

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

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

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

| | | |
|----------------------------|-----------------------------|----------|
| 1. Contributions Received | \$ <u>606,382</u> | 1 |
| 2. Government Grants | \$ <u>2,636,334</u> | 2 |
| 3. Program Service Revenue | \$ <u>15,305,878</u> | 3 |
| 4. Other Revenue | \$ <u>1,310</u> | 4 |
| 5. TOTAL INCOME | \$ <u>18,549,904</u> | 5 |

EXPENSES

| | | |
|--------------------------------------|-----------------------------|-----------|
| 6. Program Expenses | \$ <u>18,255,846</u> | 6 |
| 7. Management & General Expenses | \$ <u>41,896</u> | 7 |
| 8. Fund-raising Expenses | \$ <u>87,227</u> | 8 |
| 9. TOTAL EXPENSES | \$ <u>18,384,969</u> | 9 |
| 10. EXCESS or DEFICIT | \$ <u>164,935</u> | 10 |
| <small>(Line 5 minus Line 9)</small> | | |

ASSETS

| | | |
|---------------------------------|----------------------------|-----------|
| 11. Cash | \$ <u>482,234</u> | 11 |
| 12. Land, Buildings & Equipment | \$ <u>27,995</u> | 12 |
| 13. Other Assets | \$ <u>1,236,718</u> | 13 |
| 14. TOTAL ASSETS | \$ <u>1,746,947</u> | 14 |

LIABILITIES

| | | |
|------------------------------|--------------------------|-----------|
| 15. Accounts Payable | \$ <u>246,572</u> | 15 |
| 16. Grants Payable | \$ _____ | 16 |
| 17. Other Liabilities | \$ <u>374,195</u> | 17 |
| 18. TOTAL LIABILITIES | \$ <u>620,767</u> | 18 |

FUND BALANCE/NET WORTH

(Line 14 minus Line 18)

\$ 1,126,180

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

Section B (continued): Statement of Functional Expenses

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| 1. Grants and other assistance to governments and organizations in the U.S. | | | | |
| 2. Grants and other assistance to individuals in the U.S. | | | | |
| 3. Grants and other assistance to governments, organizations, and individuals outside the U.S. | | | | |
| 4. Benefits paid to or for members | | | | |
| 5. Compensation of current officers, directors, trustees, and key employees | | | | |
| 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 | | | | |
| 8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9. Other employee benefits | | | | |
| 10. Payroll taxes | | | | |
| 11. Fees for services (non-employees): | | | | |
| a. Management | | | | |
| b. Legal | | | | |
| c. Accounting | | | | |
| d. Lobbying | | | | |
| e. Professional fundraising services | | | | |
| f. Investment management fees | | | | |
| g. Other | | | | |
| 12. Advertising and promotion | | | | |
| 13. Office expenses | | | | |
| 14. Information technology | | | | |
| 15. Royalties | | | | |
| 16. Occupancy | | | | |
| 17. Travel | | | | |
| 18. Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19. Conferences, conventions, and meetings | | | | |
| 20. Interest | | | | |
| 21. Payments to affiliates | | | | |
| 22. Depreciation, depletion, and amortization | | | | |
| 23. Insurance | | | | |
| 24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25). | | | | |
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |
| 25. Total functional expenses. Add lines 1 through 24d. | | | | |
| 26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation | | | | |

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledgment

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

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the _____ (Title) and _____ (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) adopted on the _____ day of _____, 20__ , approving the contents of the document, and do hereby certify that the

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

Name (Print)
Signature
Title
Date

Name (Print)
Signature
Title
Date

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

OMB No. 1545-0047

2019
Open to Public Inspection

u Do not enter social security numbers on this form as it may be made public.
u Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , and ending

| | | | |
|--|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization HUNGER SOLUTIONS MINNESOTA | | D Employer identification number 36-3567366 |
| | Doing business as | | E Telephone number 651-486-9860 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 555 PARK STREET RM/STE 400 | | |
| City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ 18,549,904 | |
| ST PAUL MN 55103 | | | |

| | |
|--|---|
| F Name and address of principal officer: COLLEEN MORIARTY HUNGER SOLUTIONS MINNESOTA ST PAUL MN 55103 | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
|--|---|

| | | |
|---|--|---|
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | J Website: u HUNGERSOLUTIONS.ORG | H(c) Group exemption number u |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u | L Year of formation: 1987 | M State of legal domicile: MN |

Part I Summary

| | | | |
|---|---|---------------------------|-------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: See Schedule O | | |
| | 2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 12 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 12 |
| | 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 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 586,790 | 3,242,716 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 11,002,694 | 15,305,878 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,370 | 1,310 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,591,854 | 18,549,904 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 10,334,425 | 17,062,053 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 786,367 | 846,731 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) u 87,227 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 399,474 | 476,185 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 11,520,266 | 18,384,969 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 71,588 | 164,935 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 1,484,572 | 1,746,947 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 642,982 | 620,767 |
| | | 841,590 | 1,126,180 |

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 |
| | COLLEEN MORIARTY Type or print name and title | EXECUTIVE DIRECTOR |

| | | | | | |
|--|---|--------------------------------|-----------------|---|------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | GREG EMMERICH | GREG EMMERICH | 11/13/20 | <input checked="" type="checkbox"/> | P00838472 |
| | Firm's name } HARRINGTON LANGER & ASSOCIATES | Firm's EIN } 41-1532347 | | | |
| Firm's address } 563 PHALEN BLVD | | | | | |
| Firm's address } SAINT PAUL, MN 55130 | | Phone no. 651-481-1128 | | | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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 \$ **18,255,846** including grants of \$ **17,062,053**) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 18,255,846**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

| | | Yes | No |
|-----|---|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24b | | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24c | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 24d | | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 25b | | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 26 | | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 27 | | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28a | | | X |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28b | | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c | | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 29 | | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 | | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 31 | | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 32 | | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 33 | | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 34 | | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 35a | | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 35b | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 | | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 37 | | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |
| 38 | | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1a | | | 5 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1b | | | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 1c | | X | |

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

THE ORGANIZATION **555 PARK STREET, STE 400** **MN 55103** **651-486-9860**
ST PAUL

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week 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) KIRSTIE FOSTER | 2.00 | | | | | | | | | |
| PRESIDENT | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (2) LYDIA BJORGE | 2.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (3) MAY YANG | 2.00 | | | | | | | | | |
| SECRETARY | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (4) RYAN CARRIGAN | 2.00 | | | | | | | | | |
| TREASURER | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (5) DAN VOLLMAN | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (6) DR. NEIL BRATNEY | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (7) SCOTT VAN DAELE | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (8) MARY MITCHELL | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (9) JULIE ROBEY | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (10) JODIE DVORKIN | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (11) CINDY MILLER | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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 | | | |
| (12) ERIN MAYE QUADE | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (13) COLLEEN MORIARTY | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | 0.00 | | | X | | | 130,873 | 0 | 17,786 | |
| 1b Subtotal | | | | | | | u | 130,873 | | 17,786 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | u | | | |
| d Total (add lines 1b and 1c) | | | | | | | u | 130,873 | | 17,786 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

0

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|-------------------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 2,636,334 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 606,382 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | u | 3,242,716 | | | | |
| Program Service Revenue | 2a DISBURSED FOOD/OTHER PRODUCT | Business Code | 14,790,158 | 14,790,158 | | | |
| | b CONTRACTS | | 515,720 | 515,720 | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | u | 15,305,878 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | u | 24,803 | | | 24,803 | |
| | 4 Income from investment of tax-exempt bond proceeds | u | | | | | |
| | 5 Royalties | u | | | | | |
| | 6a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental inc. or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | u | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | -23,493 | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales exps. | 7b | | | | | |
| c Gain or (loss) | 7c | -23,493 | | | | | |
| d Net gain or (loss) | u | -23,493 | -23,493 | | | | |
| 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | u | | | | | | |
| 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 | u | | | | | | |
| 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 | u | | | | | | |
| Miscellaneous Revenue | 11a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | u | | | | | |
| 12 Total revenue. See instructions | u | 18,549,904 | 15,282,385 | 0 | 24,803 | | |

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 | 17,062,053 | 17,062,053 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 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 | 148,659 | 129,613 | 7,004 | 12,042 |
| 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 | 552,872 | 482,041 | 26,047 | 44,784 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 12,785 | 11,211 | 550 | 1,024 |
| 9 Other employee benefits | 79,276 | 72,095 | 1,286 | 5,895 |
| 10 Payroll taxes | 53,139 | 46,535 | 2,336 | 4,268 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 165,809 | 164,685 | 266 | 858 |
| b Legal | | | | |
| c Accounting | 19,705 | 19,236 | 111 | 358 |
| 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.) | 5,731 | 5,134 | 141 | 456 |
| 12 Advertising and promotion | 17,120 | 17,120 | | |
| 13 Office expenses | 152,542 | 140,281 | 1,912 | 10,349 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 71,293 | 63,630 | 1,824 | 5,839 |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 13,795 | 12,686 | 262 | 847 |
| 23 Insurance | 5,730 | 5,066 | 157 | 507 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SPECIAL PROJECTS | 24,460 | 24,460 | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 18,384,969 | 18,255,846 | 41,896 | 87,227 |
| 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 X

| | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|---|--------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | 1 |
| | 2 | Savings and temporary cash investments | 382,225 | 2 482,234 |
| | 3 | Pledges and grants receivable, net | 169,329 | 3 317,219 |
| | 4 | Accounts receivable, net | 107,860 | 4 13,903 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 |
| | 7 | Notes and loans receivable, net | | 7 |
| | 8 | Inventories for sale or use | | 8 |
| | 9 | Prepaid expenses and deferred charges | 6,405 | 9 6,405 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 101,469 | |
| | b | Less: accumulated depreciation | 10b 73,474 | 10c 27,995 |
| | 11 | Investments—publicly traded securities | 776,962 | 11 899,191 |
| | 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 33) | 1,484,572 | 16 1,746,947 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 227,537 | 17 246,572 |
| | 18 | Grants payable | | 18 |
| | 19 | Deferred revenue | 34,334 | 19 21,275 |
| | 20 | Tax-exempt bond liabilities | | 20 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 381,111 | 21 352,920 |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 |
| | 26 | Total liabilities. Add lines 17 through 25 | 642,982 | 26 620,767 |
| 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 | 816,590 | 27 1,101,180 |
| | 28 | Net assets with donor restrictions | 25,000 | 28 25,000 |
| | 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 | 841,590 | 32 1,126,180 |
| 33 | Total liabilities and net assets/fund balances | 1,484,572 | 33 1,746,947 | |

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 | 18,549,904 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 18,384,969 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 164,935 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 841,590 |
| 5 | Net unrealized gains (losses) on investments | 5 | 126,434 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | -6,779 |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,126,180 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|----------|----------|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number

36-3567366

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

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

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 596,397 | 646,524 | 794,619 | 586,790 | 3,242,716 | 5,867,046 |
| 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 | 596,397 | 646,524 | 794,619 | 586,790 | 3,242,716 | 5,867,046 |
| 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) | | | | | | 69,127 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 5,797,919 |

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 | 596,397 | 646,524 | 794,619 | 586,790 | 3,242,716 | 5,867,046 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | -21,750 | 44,670 | 78,390 | 27,283 | 24,803 | 153,396 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 6,020,442 |

12 Gross receipts from related activities, etc. (see instructions) 12 80,249,337

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 | 96.30 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | % |

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

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 <input type="checkbox"/> | | | | | | |

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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described in (a) above? | | |
| 11b | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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> | | |
| 1 | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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> | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | |
| c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i> | | |
| 2 Activities Test. <i>Answer (a) and (b) below.</i> | | |
| 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> | | |
| 2a | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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> | | |
| 2b | | |
| 3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> | | |
| 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> | | |
| 3a | | |
| 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> | | |
| 3b | | |

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

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

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

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

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u 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

HUNGER SOLUTIONS MINNESOTA

Employer identification number

36-3567366

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 101,469 | 73,474 | 27,995 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | u | | | 27,995 |

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.) | u | |

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.) | u | |

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.) | u |

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.) | u |

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

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

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

| | | | |
|---|---|----|-------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 3,879,401 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 126,434 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 126,434 |
| 3 | Subtract line 2e from line 1 | 3 | 3,752,967 |
| 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 | 6,779 |
| b | Other (Describe in Part XIII.) | 4b | 14,790,158 |
| c | Add lines 4a and 4b | 4c | 14,796,937 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 18,549,904 |

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 | 3,594,811 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 3,594,811 |
| 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 | 14,790,158 |
| c | Add lines 4a and 4b | 4c | 14,790,158 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 18,384,969 |

Part XIII Supplemental Information.

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

Part IV, Line 2b - Escrow Liability Arrangement Explanation

THE ORGANIZATION JOINS WITH OTHERS IN RAISING AWARENESS AND FUNDS FOR HUNGER RELIEF.

Part XI, Line 4b - Revenue Amounts Included on Return - Other

COORDINATED DISBURSEMENT OF FOOD AND HOUSEHOLD PRODUCTS \$ 14,790,158

Part XII, Line 4b - Expense Amounts Included on Return - Other

COORDINATED DISBURSEMENT OF FOOD AND HOUSEHOLD PRODUCTS \$ 14,790,158

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number
36-3567366

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | 360 COMMUNITIES BURNSVILLE FOOD SHELF 501 E HWY 13 STE 112 BURNSVILLE MN 55337 | 41-0987708 | 501C3 | 11,893 | | | | HUNGER RELIEF |
| (2) | ANNANDALE AREA COMMUNITY FOOD SHELF 390 ANNANDALE BLVD. ANNANDALE MN 55302 | 36-3297409 | 501C3 | 6,963 | | | | HUNGER RELIEF |
| (3) | ANOKA COUNTY BROTHERHOOD COUNCIL 2615 9TH AVE N ANOKA MN 55303 | 51-0155191 | 501C3 | 17,133 | | | | HUNGER RELIEF |
| (4) | BECKER COUNTY FOOD PANTRY 1308 ROSSMAN AVE DETROIT LAKES MN 56501 | 36-3332912 | 501C3 | 9,351 | | | | HUNGER RELIEF |
| (5) | BEMIDJI COMMUNITY FOOD SHELF 1260 EXCHANGE AVE SE BEMIDJI MN 56601 | 41-1494430 | 501C3 | 22,230 | | | | HUNGER RELIEF |
| (6) | BETHLEHEM URBAN INITIATIVES 1628 E 33RD ST MINNEAPOLIS MN 55407 | 03-0406197 | 501C3 | 40,773 | | | | HUNGER RELIEF |
| (7) | BIG LAKE COMMUNITIY FOOD SHELF 160 LAKE N. BIG LAKE MN 55309 | 41-1820136 | 501C3 | 6,867 | | | | HUNGER RELIEF |
| (8) | BOUNTIFUL BASKET FOOD SHELF 1600 BAVARIA RD CHASKA MN 55318 | 84-2309087 | 501C3 | 6,554 | | | | HUNGER RELIEF |
| (9) | BUFFALO FOOD SHELF 301 12TH AVE SOUTH BUFFALO MN 55313 | 41-1888259 | 501C3 | 6,784 | | | | HUNGER RELIEF |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 87**
- 3 Enter total number of other organizations listed in the line 1 table **u 3**

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number
36-3567366

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | CAMDEN'S PROMISE - GETHSEMANE LUTH. 4656 COLFAX AVE N MINNEAPOLIS MN 55412 | 36-4685968 | 501C3 | 18,768 | | | | HUNGER RELIEF |
| (2) | CAP AGENCY FOOD SHELF-SHAKOPEE 712 CANTERBURY RD S SHAKOPEE MN 55379 | 41-0903890 | 501C3 | 19,123 | | | | HUNGER RELIEF |
| (3) | CAPI FOOD SHELF-MINNEAPOLIS 5930 BROOKLYN BLVD. BROOKLYN CENTER MN 55429 | 41-1417198 | 501C3 | 13,168 | | | | HUNGER RELIEF |
| (4) | CASS LAKE AREA FOOD SHELF 16051 65TH AVE NW CASS LAKE MN 56633 | 61-1723716 | 501C3 | 5,076 | | | | HUNGER RELIEF |
| (5) | CATHOLIC CHARITIES-ST CLOUD 157 ROOSEVELT RD ST CLOUD MN 56301 | 41-0737799 | 501C3 | 37,006 | | | | HUNGER RELIEF |
| (6) | CEAP - BROOKLYN PARK 7051 BROOKLYN BOULEVARD BROOKLYN CENTER MN 55429 | 41-0990340 | 501C3 | 48,879 | | | | HUNGER RELIEF |
| (7) | CENTENNIAL COMMUNITY FOOD SHELF 200 CIVIC HEIGHTS CIRCLE CIRCLE PINES MN 55014 | 45-5579732 | 501C3 | 5,414 | | | | HUNGER RELIEF |
| (8) | CENTRAL MINNESOTA VEGETABLE GROWERS PO BOX 2006 INVER GROVE HEIGHTS MN 55076 | 41-0948794 | 501C3 | 16,000 | | | | HUNGER RELIEF |
| (9) | CHANNEL ONE FOOD BANK/FOOD SHELF 131 35TH ST SE ROCHESTER MN 55904 | 41-1379713 | 501C3 | 72,147 | 1,496,954 | STUDY | FOOD & RELATED | HUNGER RELIEF |

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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2019

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Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number
36-3567366

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | CHRISTIAN CUPBOARD EMERGENCY FOOD 8264 4TH STREET N OAKDALE MN 55128 | 36-3298764 | 501C3 | 21,768 | | | | HUNGER RELIEF |
| (2) | CHUM EMERGENCY FOOD SHELF 120 N 1ST AVE W DULUTH MN 55802 | 41-1227969 | 510C3 | 8,189 | | | | HUNGER RELIEF |
| (3) | COMMUNITY ACTION CENTER OF NORTHFIELD 1651 JEFFERSON PARKWAY NORTHFIELD MN 55057 | 41-0970984 | 501C3 | 8,523 | | | | HUNGER RELIEF |
| (4) | COMMUNITY AID OF ELK RIVER CAER FOOD 12621 ELK LAKE RD ELK RIVER MN 55330 | 41-1415484 | 501C3 | 15,278 | | | | HUNGER RELIEF |
| (5) | COMMUNITY EMERGENCY SERVICES-MPLS 1900 11TH AVE S. MINNEAPOLIS MN 55404 | 41-1728341 | 501C3 | 27,389 | | | | HUNGER RELIEF |
| (6) | COMMUNITY PATHWAYS OF STEELE COUNTY 155 OAKDALE ST. OWATONNA MN 55060 | 41-1593592 | 501C3 | 34,831 | | | | HUNGER RELIEF |
| (7) | CORCORAN NEIGHBORHOOD ORGANIZATION 3451 CEDAR AVE S MINNEAPOLIS MN 55407 | 41-1535894 | 501C3 | 6,000 | | | | HUNGER RELIEF |
| (8) | CROSS FOOD SHELF 12915 WEINAND CIRCLE ROGERS MN 55374 | 41-1314577 | 501C3 | 31,504 | | | | HUNGER RELIEF |
| (9) | DEPARTMENT OF INDIAN WORK 1671 SUMMIT AVE ST. PAUL MN 55105 | 41-0694741 | 501C3 | 8,936 | | | | HUNGER RELIEF |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I
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Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | DOROTHY DAY FOOD PANTRY 1901 1ST AVE N MOORHEAD MN 56560 | 41-1594892 | 501C3 | 5,884 | | | | HUNGER RELIEF |
| (2) | ECHO FOOD SHELF 1014 S FRONT ST MANKATO MN 56001 | 41-1429214 | 501C3 | 45,259 | | | | HUNGER RELIEF |
| (3) | EMERGENCY FOOD PANTRY PO BOX 5363 FARGO ND 58102 | 51-0138107 | 501C3 | 8,932 | | | | HUNGER RELIEF |
| (4) | FALLS HUNGER COALITION 900 5TH ST #104 INTERNATIONAL FALLS MN 56649 | 36-3602229 | 501C3 | 9,286 | | | | HUNGER RELIEF |
| (5) | FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH MN 55056 | 41-1332828 | 501C3 | 38,268 | | | | HUNGER RELIEF |
| (6) | FERGUS FALLS COMMUNITY FOOD SHELF 1512 FIRST AVE FERGUS FALLS MN 56537 | 41-1558108 | 501C3 | 5,285 | | | | HUNGER RELIEF |
| (7) | FRIENDS IN NEED FOOD SHELF-ST PAUL 535 4TH ST ST PAUL PARK MN 55071 | 41-1794212 | 501C3 | 15,001 | | | | HUNGER RELIEF |
| (8) | FRUIT OF THE VINE FOOD SHELF 1533 W ARROWHEAD RD DULUTH MN 55811 | 41-1680001 | 501C3 | 18,415 | | | | HUNGER RELIEF |
| (9) | FRUIT OF THE VINE SAINT PAUL 1280 ARCADE ST SAINT PAUL MN 55106 | 46-1443346 | 501C3 | 36,970 | | | | HUNGER RELIEF |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | EAST SIDE NEIGHBORHOOD SERVICES 1700 SECOND STREET NE MINNEAPOLIS MN 55413 | 41-0873798 | 501C3 | 53,402 | | | | HUNGER RELIEF |
| (2) | GOOD IN THE HOOD 8063 RANCHERS RD NE FRIDLEY MN 55432 | 01-0768296 | 501C3 | 46,543 | | | | HUNGER RELIEF |
| (3) | GOOD WORKS FOOD SHELF-RESCUE NOW 697 13TH AVE NE MINNEAPOLIS MN 55413 | 34-1983933 | 501C3 | 9,002 | | | | HUNGER RELIEF |
| (4) | GREAT PLAINS FOOD BANK 1720 3RD AVE N FARGO ND 58102 | 47-2229589 | 501C3 | | 168,190 | STUDY | FOOD & RELATED | HUNGER RELIEF |
| (5) | GROVELAND EMERGENCY FOOD SHELF 1900 NICOLLET AVE MINNEAPOLIS MN 55403 | 41-1933266 | 501C3 | 12,745 | | | | HUNGER RELIEF |
| (6) | HALLIE Q BROWN COMMUNITY CENTER 270 N KENT ST ST PAUL MN 55102 | 41-0693846 | 501C3 | 18,153 | | | | HUNGER RELIEF |
| (7) | HEAVEN'S TABLE FOOD SHELF 909 WINNEBAGO AVE FAIRMONT MN 56031 | 45-3075078 | 501C3 | 6,213 | | | | HUNGER RELIEF |
| (8) | HERMANTOWN FOOD SHELF-SECOND HARVEST 4503 AIRPARK BOULEVARD DULUTH MN 55811 | 36-3479964 | 501C3 | 5,284 | | | | HUNGER RELIEF |
| (9) | HOMETOWN RESOURCE CENTER OF ST CHARLES 1244 WHITEWATER AVE SAINT CHARLES MN 55972 | 41-1603419 | 501C3 | 6,257 | | | | HUNGER RELIEF |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Department of the Treasury
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|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | HOPE FOR THE COMMUNITY(KC) 1264 109TH AVE NE BLAINE MN 55434 | 46-3680832 | 501C3 | 46,495 | | | | HUNGER RELIEF |
| (2) | HUBBARD COUNTY FOOD SHELF 308 PLEASANT AVE PARK RAPIDS MN 56470 | 36-3339751 | 501C3 | 8,495 | | | | HUNGER RELIEF |
| (3) | INTERCONGREGATION COMMUNITIES ASSOC 11588 K-TEL DRIVE MINNETONKA MN 55305 | 41-0979010 | 501C3 | 34,470 | | | | HUNGER RELIEF |
| (4) | INTERFAITH OUTREACH & COMMUNITY 1605 COUNTY RD 101N PLYMOUTH MN 55408 | 36-3482724 | 501C3 | 25,148 | | | | HUNGER RELIEF |
| (5) | JOYCE FOOD SHELF-MINNEAPOLIS 3041 FREMONT AVE SOUTH MINNEAPOLIS MN 55408 | 46-3081535 | 501C3 | 7,694 | | | | HUNGER RELIEF |
| (6) | KANDIYOHI COUNTY FOOD SHELF 624 PACIFIC AVE SW WILLMAR MN 56201 | 41-1432367 | 501C3 | 13,724 | | | | HUNGER RELIEF |
| (7) | KEYSTONE COMMUNITY SERVICES 1916 UNIVERISTY AVE ST PAUL MN 55104 | 41-0693924 | 501C3 | 46,781 | | | | HUNGER RELIEF |
| (8) | MANNA FOOD PANTRY, INC 230 CLARY STREET WORTHINGTON MN 56187 | 33-1113804 | 501C3 | 7,681 | | | | HUNGER RELIEF |
| (9) | MCLEOD EMERGENCY FOOD SHELF 808 12TH ST E GLENCOE MN 55336 | 47-1470696 | 501C3 | 13,137 | | | | HUNGER RELIEF |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(Form 990)**

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Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number
36-3567366

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | MERRICK COMMUNITY SERVICES 1669 ARCADE STREET SAINT PAUL MN 55106 | 41-0693851 | 501C3 | 11,088 | | | | HUNGER RELIEF |
| (2) | MORRISON COUNTY FOOD SHELF 912 1ST AVE SW LITTLE FALLS MN 56345 | 41-1678333 | 501C3 | 6,305 | | | | HUNGER RELIEF |
| (3) | NEIGHBORHOOD HOUSE 179 ROBIE ST E. ST PAUL MN 55107 | 41-0693916 | 501C3 | 26,397 | | | | HUNGER RELIEF |
| (4) | NEIGHBORS INC. 222 GRAND AVENEUE W SOUTH SAINT PAUL MN 55075 | 41-1360294 | 501C3 | 28,115 | | | | HUNGER RELIEF |
| (5) | NEW CREATION BAPTIST CHURCH 1414 E 48TH ST MINNEAPOLIS MN 55417 | 41-2018782 | 501C3 | 6,926 | | | | HUNGER RELIEF |
| (6) | NORTH ANOKA COUNTY EMERGENCY FOOD 18511 HWY 65 EAST BETHEL MN 55011 | 31-1673282 | 501C3 | 9,818 | | | | HUNGER RELIEF |
| (7) | NORTH COUNTRY FOOD BANK 1011 11TH AVE NE EAST GRAND FORKS MN 56721 | 41-1459758 | 501C3 | | 978,283 | STUDY | FOOD & RELATED | HUNGER RELIEF |
| (8) | SECOND HARVEST NORTHRN LAKES FD BK 4503 AIRPARK BLVD DULUTH MN 55811 | 36-3479964 | 501C3 | | 743,532 | STUDY | FOOD & RELATED | HUNGER RELIEF |
| (9) | NORTHPOINT HEALTH & WELLNESS CENTER 1835 PENN AVE NORTH MINNEAPOLIS MN 55411 | 20-0898277 | 501C3 | 23,141 | | | | HUNGER RELIEF |

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number
36-3567366

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | OUTREACH FOOD SHELF 1205 LAKE ST ALEXANDRIA MN 56308 | 20-2556435 | 501C3 | 7,201 | | | | HUNGER RELIEF |
| (2) | PILLSBURY UNITED COMMUNITIES WAITE 2323 11TH AVE S MINNEAPOLIS MN 55404 | 41-0916478 | 501C3 | 24,527 | | | | HUNGER RELIEF |
| (3) | PRISM-GOLDEN VALLEY 1220 ZANE AVE N GOLDEN VALLEY MN 55422 | 41-1442049 | 501C3 | 14,952 | | | | HUNGER RELIEF |
| (4) | PEOPLE REACHING OUT TO OTHER PEOPLE 14700 MARTIN DRIVE EDEN PRAIRIE MN 55344 | 41-1430172 | 501C3 | 21,649 | | | | HUNGER RELIEF |
| (5) | QUAD CITY FOOD SHELF-AEOA 8367 N ENTERPRISE DRIVE MT. IRON MN 55768 | 41-6052144 | 501C3 | 7,796 | | | | HUNGER RELIEF |
| (6) | RALPH REEDER FOOD SHELF-MVPC 2544 MOUNDS VIEW BLVD MOUNDS VIEW MN 55112 | 41-6008084 | GOV | 13,994 | | | | |
| (7) | RENVILLE COUNTY FOOD SHELF 108 SOUTH 9TH ST OLIVIA MN 56277 | 41-1461947 | 501C3 | 5,172 | | | | HUNGER RELIEF |
| (8) | ROCHESTER FARMER'S MARKET PO BOX 6554 ROCHESTER MN 55903 | 20-3177629 | 501C4 | 6,500 | | | | HUNGER RELIEF |
| (9) | SABATHANI COMMUNITY CENTER 310 EAST 38TH ST MINNEAPOLIS MN 55409 | 41-0984859 | 501C3 | 23,776 | | | | HUNGER RELIEF |

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number
36-3567366

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|-------------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | SALVATION ARMY 2445 PRIOR AVE N ROSEVILLE MN 55113 | 41-0698597 | 501C3 | 105,822 | | | | HUNGER RELIEF |
| (2) | SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE MAPLEWOOD MN 55109 | 23-7417654 | 501C3 | | 7,144,194 | STUDY | FOOD & RELATED | HUNGER RELIEF |
| (3) | SECOND HARVEST NORTH CENTRAL 2222 CROMEL DRIVE GRAND RAPIDS MN 55744 | 41-1782776 | 501C3 | 17,165 | 850,773 | STUDY | FOOD & RELATED | HUNGER RELIEF |
| (4) | SLEEPY EYE AREA FOOD SHELF 115 2ND AVE NE SLEEPY EYE MN 56085 | 41-2008865 | 501C3 | 8,673 | | | | HUNGER RELIEF |
| (5) | SOUTHERN ANOKA COMMUNITY ASSISTANCE 627 38TH AVE NE COLUMBIA HEIGHTS MN 55421 | 41-1272131 | 501C3 | 18,321 | | | | HUNGER RELIEF |
| (6) | ST JOSEPH'S SOCIAL CARE AND THRIFT 1121 E 46TH ST MINNEAPOLIS MN 55407 | 45-0457605 | 501C3 | 5,754 | | | | HUNGER RELIEF |
| (7) | ST PAUL FARMERS MARKET 290 E 5TH ST ST PAUL MN 55101 | 41-1486541 | 501C5 | 16,000 | | | | HUNGER RELIEF |
| (8) | ST. VINCENT DE PAUL FARIBAULT 617 3RD AVE NW FARIBAULT MN 55021 | 32-0310950 | 501C3 | 18,449 | | | | HUNGER RELIEF |
| (9) | ST LOUIS PARK EMERGENCY PROGRAM 6812 W LAKE STREET ST LOUIS PARK MN 55426 | 51-0188692 | 501C3 | 13,739 | | | | HUNGER RELIEF |

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
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OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number
36-3567366

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | THE FOOD GROUP MINNESOTA 8501 54TH AVENUE NORTH NEW HOPE MN 55428 | 41-1246504 | 501C3 | | 3,408,231 | STUDY | FOOD & RELATED | HUNGER RELIEF |
| (2) | THE OPEN DOOR 3904 CEDAR GROVE PARKWAY EAGAN MN 55122 | 27-0415900 | 501C3 | 38,865 | | | | HUNGER RELIEF |
| (3) | VALLEY OUTREACH 1911 CURVE CREST BLVD W STILLWATER MN 55082 | 41-1452973 | 501C3 | 19,547 | | | | HUNGER RELIEF |
| (4) | VEAP INC. 9600 ALDRICH AVE SOUTH BLOOMINGTON MN 55420 | 41-6175999 | 501C3 | 80,861 | | | | HUNGER RELIEF |
| (5) | WACONIA UNITED FOOD SHELF 11 ELM ST S WACONIA MN 55387 | 47-1667774 | 501C3 | 5,639 | | | | HUNGER RELIEF |
| (6) | WASECA COUNTY FOOD SHELF 113 2ND AVE NW WASECA MN 56093 | 41-1452216 | 501C3 | 8,160 | | | | HUNGER RELIEF |
| (7) | WESTONKA FOOD SHELF 108 8TH ST S ST JAMES MN 56081 | 41-1446978 | 501C3 | 13,553 | | | | HUNGER RELIEF |
| (8) | WHITE BEAR AREA EMERGENCY FOOD SHELF 1884 WHITAKER STREET WHITE BEAR LAKE MN 55110 | 41-1459604 | 501C3 | 20,159 | | | | HUNGER RELIEF |
| (9) | WINONA VOLUNTEER SERVICES 402 EAST SECOND SETREET WINONA MN 55987 | 23-7376207 | 501C3 | 10,454 | | | | HUNGER RELIEF |

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

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 | | | | | |
| 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.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

GRANTS ARE MONITORED THROUGH FEDERAL AND STATE GOVERNMENT AGREEMENTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number

36-3567366

Form 990 - Organization's Mission

HUNGER SOLUTIONS MINNESOTA IS A COMPREHENSIVE HUNGER RELIEF ORGANIZATION THAT WORKS TO END HUNGER IN MINNESOTA. WE TAKE ACTION TO ASSURE FOOD SECURITY FOR ALL MINNESOTANS BY SUPPORTING AGENCIES THAT PROVIDE FOOD TO THOSE IN NEED, ADVANCING SOUND PUBLIC POLICY AND GUIDING GRASSROOTS ADVOCACY.

Form 990, Part III, Line 4a - First Accomplishment

HUNGER SOLUTIONS MINNESOTA IS A COMPREHENSIVE HUNGER RELIEF ORGANIZATION THAT WORKS TO END HUNGER IN MINNESOTA. WE TAKE ACTION TO ASSURE FOOD SECURITY FOR ALL MINNESOTANS BY SUPPORTING AGENCIES THAT PROVIDE FOOD TO THOSE IN NEED, ADVANCING SOUND PUBLIC POLICY, AND GUIDING GRASSROOTS ADVOCACY.

WE UTILIZE PROGRAMS THAT PROVIDED GRANTS TO FOOD SHELVES AND FOOD BANKS TO EXPAND THE FOOD RESOURCES AVAILABLE. OUR PROGRAM ALSO COORDINATES THE PROCUREMENT AND LOGISTICS OF RESOURCES AVAILABLE TO FOOD DISTRIBUTION SITES. WE ALSO SERVE AS FISCAL AGENT OR ADMINISTRATOR ON EVENTS TO RAISE FUNDS AND AWARENESS FOR FOOD DISTRIBUTORS. IN ADDITION, HUNGER SOLUTIONS MINNESOTA WORKS TO BRING THE ISSUE OF FOOD INSECURITY TO THE PUBLIC AND BUILD SUPPORT FOR PROGRAMS THAT HELP ENHANCE FOOD SECURITY.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE ORGANIZATION'S EXECUTIVE COMMITTEE APPROVES A DRAFT OF THE FORM 990 BEFORE IT IS FORWARDED TO THE ORGANIZATION'S BOARD MEMBERS FOR THEIR REVIEW AND APPROVAL.

Name of the organization

Employer identification number

HUNGER SOLUTIONS MINNESOTA

36-3567366

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ANNUALLY BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES DISCLOSE IN WRITING POTENTIAL CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE BOARD OF DIRECTORS HAS APPOINTED AN EXECUTIVE COMMITTEE TO ANNUALLY REVIEW THE ORGANIZATION'S TOP MANAGEMENT AND KEY EMPLOYEES COMPENSATION BASED ON ESTIMATES OF COMPENSATION OF COMPARABLE DUTIES AT SIMILAR ORGANIZATIONS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS MAIN OFFICE.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

| | |
|---|----------------|
| COORDINATED DISBURSEMENT OF FOOD AND HOUSEHOLD PRODUCTS | \$ -14,790,158 |
| COORDINATED DISBURSEMENT OF FOOD AND HOUSEHOLD PRODUCTS | \$ 14,790,158 |

HUNGER SOLUTIONS MINNESOTA
AUDITED FINANCIAL STATEMENTS
December 31, 2019

Mark D. Harrington, CPA
Wayne A. Langer, CPA
Nichole Fairbanks, CPA
Jesse Fraley, CPA
Anna Anderson, CPA



Gregory W. Heck, CPA, CVA
Greg L. Emmerich, CPA
Michael Belknap, CPA
Benjamin J. Roff, CPA, CVA

563 PHALEN BOULEVARD • ST. PAUL, MN 55130
phone 651.481.1128 • fax 651.481.0982

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Hunger Solutions Minnesota
St. Paul, Minnesota

We have audited the accompanying financial statements of Hunger Solutions Minnesota (a nonprofit organization), which comprise the statement of financial position as of December 31, 2019, and the related statements of activities, cash flows and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hunger Solutions Minnesota as of December 31, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information identified as food and household products (supplementary information) in Note 7 which is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Harrington Langer & Associates

November 8, 2020

HUNGER SOLUTIONS MINNESOTA
STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2019

ASSETS

CURRENT ASSETS

| | |
|-----------------------------|------------|
| Cash and cash equivalents | \$ 482,234 |
| Investments | 899,191 |
| Contributions receivable | 217,014 |
| Accounts receivable | 100,205 |
| Accounts receivable, agency | 13,903 |
| Prepaid expenses | 6,405 |

| | |
|----------------------|-----------|
| TOTAL CURRENT ASSETS | 1,718,952 |
|----------------------|-----------|

PROPERTY AND EQUIPMENT

| | |
|--------------------------------|----------|
| Furniture and office equipment | 101,469 |
| Less: accumulated depreciation | (73,474) |

| | |
|-----------------------------|--------|
| PROPERTY AND EQUIPMENT, net | 27,995 |
|-----------------------------|--------|

| | |
|--------------|--------------|
| TOTAL ASSETS | \$ 1,746,947 |
|--------------|--------------|

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

| | |
|----------------------|------------|
| Accounts payable | \$ 215,130 |
| Accrued expenses | 31,440 |
| Deferred revenue | 21,275 |
| Funds held in agency | 352,920 |

| | |
|---------------------------|---------|
| TOTAL CURRENT LIABILITIES | 620,765 |
|---------------------------|---------|

NET ASSETS

| | |
|---------------------------------------|-----------|
| Net assets without donor restrictions | 1,101,182 |
| Net assets with donor restrictions | 25,000 |

| | |
|------------------|-----------|
| TOTAL NET ASSETS | 1,126,182 |
|------------------|-----------|

| | |
|----------------------------------|--------------|
| TOTAL LIABILITIES AND NET ASSETS | \$ 1,746,947 |
|----------------------------------|--------------|

HUNGER SOLUTIONS MINNESOTA
STATEMENT OF ACTIVITIES
For the Year Ended December 31, 2019

| | Without Donor Restrictions | With Donor Restrictions | Total |
|---------------------------------------|-------------------------------|----------------------------|---------------------|
| REVENUE | | | |
| Contributions | \$ 581,382 | \$ 25,000 | \$ 606,382 |
| Government contributions | 2,636,334 | - | 2,636,334 |
| Program services | 515,720 | - | 515,720 |
| Investment income, net | 120,965 | - | 120,965 |
| Net assets released from restrictions | 25,000 | (25,000) | - |
| | TOTAL REVENUE | - | 3,879,401 |
| EXPENSES | | | |
| Program services | 3,465,686 | - | 3,465,686 |
| Management and general | 41,895 | - | 41,895 |
| Fundraising | 87,228 | - | 87,228 |
| | TOTAL EXPENSES | - | 3,594,809 |
| | CHANGE IN NET ASSETS | - | 284,592 |
| NET ASSETS, BEGINNING | 816,590 | 25,000 | 841,590 |
| NET ASSETS, ENDING | \$ 1,101,182 | \$ 25,000 | \$ 1,126,182 |

HUNGER SOLUTIONS MINNESOTA
STATEMENT OF CASH FLOWS
For the Year Ended December 31, 2019

| | |
|--|-------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | |
| Change in net assets | \$ 284,592 |
| Adjustments to reconcile changes in net assets to net cash provided by operating activities: | |
| Depreciation | 13,795 |
| Dividends and interest reinvested | 23,493 |
| Net realized and unrealized gains on investments | (126,434) |
| (Increase) decrease in: | |
| Contributions receivable | (171,705) |
| Accounts receivable | 23,815 |
| Accounts receivable, agency | 93,957 |
| Increase (decrease) in: | |
| Accounts payable | 14,770 |
| Accrued expenses | 4,263 |
| Deferred revenue | (13,059) |
| Funds held in agency | (28,191) |
| | 119,296 |
| NET CASH PROVIDED BY OPERATING ACTIVITIES | 119,296 |
| CASH FLOWS FROM INVESTING ACTIVITIES | |
| Purchase of investments | (201,246) |
| Sale of investments | 181,959 |
| | (19,287) |
| NET CASH USED IN INVESTING ACTIVITIES | (19,287) |
| INCREASE IN CASH AND CASH EQUIVALENTS | 100,009 |
| CASH AND CASH EQUIVALENTS, BEGINNING | 382,225 |
| | 482,234 |
| CASH AND CASH EQUIVALENTS, ENDING | \$ 482,234 |

HUNGER SOLUTIONS MINNESOTA
STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended December 31, 2019

| | Program Services | Management and General | Fund- raising | Total |
|------------------------------|---------------------|---------------------------|------------------|---------------------|
| Salaries, taxes and benefits | \$ 741,495 | \$ 37,223 | \$ 68,014 | \$ 846,732 |
| Grants to members | 2,271,891 | - | - | 2,271,891 |
| Professional services | 189,057 | 517 | 1,672 | 191,246 |
| Office and administration | 140,281 | 1,912 | 10,349 | 152,542 |
| Program marketing | 17,120 | - | - | 17,120 |
| Special projects and events | 24,460 | - | - | 24,460 |
| Rent | 63,630 | 1,824 | 5,839 | 71,293 |
| Insurance | 5,066 | 157 | 507 | 5,730 |
| Depreciation | 12,686 | 262 | 847 | 13,795 |
| | <u>\$ 3,465,686</u> | <u>\$ 41,895</u> | <u>\$ 87,228</u> | <u>\$ 3,594,809</u> |

HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS

Note 1 NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Hunger Solutions Minnesota (the Organization or Hunger Solutions) is a comprehensive hunger relief organization that works to end hunger in Minnesota. The Organization takes action to assure food security for all Minnesotans by supporting agencies that provide food to those in need, advancing sound public policy and guiding grassroots advocacy. Revenue from the State of Minnesota totaled 68% of total revenues during 2019.

New Accounting Pronouncement

FASB issued ASU 2018-08, *Clarifying the Scope and Accounting Guidance for Contributions received and Contributions Made*. This standard assists entities in evaluating whether transactions should be accounted for as contributions or exchange transactions and determining whether a contribution is conditional. The Organization has implemented the provisions of ASU 2018-08 applicable to both contributions received and to contributions made in the accompanying financial statements under a modified prospective basis. Accordingly, there is no effect on net assets in connection with our implementation of ASU 2018-08.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles ("US GAAP"), which require the Organization to report information regarding its financial position and activities according to the following net asset classifications:

- **Net assets without donor restrictions** are those net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the board of directors.
- **Net assets with donor restrictions** are those net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. At December 31, 2019, net assets with donor restrictions amounted to \$25,000, all of which is time restricted for general operating expenses.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of activities.

HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS

Note 1 **NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES**
(continued)

Cash and Cash Equivalents

The Organization considers all short-term debt instruments purchased with a maturity of three months or less to be cash equivalents. Cash in the Organization's accounts are covered by FDIC and SPIC insurance. As of December 31, 2019, the Organization had uninsured cash balances of approximately \$200,000.

Accounts Receivable

Accounts receivable is stated at net realizable value. Management estimates that all accounts receivable are fully collectible. Therefore, no allowance for doubtful accounts has been recognized as of December 31, 2019.

Contributions Receivable

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Contributions that are expected to be collected within one year are recorded at their net realizable value. Contributions that are expected to be collected in future years are recorded at the present value of the amount to be collected using an imputed interest rate applicable to the year in which the contribution is received. Conditional contributions are not included as support until such time as the conditions are substantially met. Management estimates that all contributions are fully collectible. Management estimates that all contributions are fully collectible. Therefore, no allowance for doubtful accounts has been recognized as of December 31, 2019.

Property and Equipment

Property and equipment over \$1,000 are stated at cost at the date of donation or acquisition or, if donated, fair market value based on estimated retail cost at the date of donation. Depreciation is computed using appropriate straight-line methods over the estimated useful lives of the assets ranging from three to seven years.

Investments

Investments are valued at fair value based on quoted market prices. Investment income reported in the statement of activities includes netted realized and unrealized gains and losses, interest and dividend income, and investment expenses. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Realized gains or losses on the sale of marketable securities are calculated using the specific-identification method. Unrealized gains and losses represent the change in the fair value of the individual investments for the year, or since the acquisition date, if acquired during the year.

HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS

Note 1 **NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES**
(continued)

Funds Held in Agency

The Organization administers certain funds held in agency for others which are reported as accounts receivable, agency and funds held in agency.

Contributions

Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

A portion of the Organization's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the statement of financial position. The Organization received cost-reimbursable grants of approximately \$3,740,000 that have not been recognized at December 31, 2019 because qualifying expenditures have not yet been incurred.

Contributed property and equipment are recorded at fair value at the date of donation. Contributions with donor-imposed stipulations regarding how long the contributed assets must be used are recorded as net assets with donor restrictions; otherwise, the contributions are recorded as net assets without donor restrictions.

Program Services

Program service revenue is recognized when services are performed under service contracts received from nongovernmental sources. Membership dues from food shelf members are recognized when due, at the beginning of each month.

HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS

Note 1 NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES
(continued)

Income Taxes

The Organization is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and similar state income tax laws. The Organization is not a private foundation and contributions to the Organization qualify as a charitable tax deduction by the donor. Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Organization and recognize a tax liability (or asset) for uncertain positions that more likely than not would not be sustained upon examination by the applicable tax authorities. Federal and state tax authorities generally have the right to examine the current and three previous years of income tax returns. The Organization is not currently under examination by any taxing jurisdiction.

Functional Allocation of Expenses

The costs of programs and supporting services have been summarized on a functional basis. Salaries and related expenses are allocated to program and supporting services based on time spent on each program. The program costs are specifically allocated whenever practical. General overhead expenses are allocated on the best estimates of management.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures in these financial statements. Actual results could differ from those estimates.

Subsequent Events

In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through November 8, 2020, the date the financial statements were available to be issued.

In December 2019, a novel strain of coronavirus (COVID-19) surfaced. The spread of COVID-19 around the world in the first quarter of 2020 has caused significant volatility in the U.S. and international markets. There is significant uncertainty around the breadth and duration of business disruptions related to COVID-19, as well as its impact on the U.S. and international economies and, as such, the Organization is unable to determine if it will have a material impact to its operations.

HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS

Note 2 **LINE OF CREDIT**

The Organization has a \$350,00 promissory note, revolving line of credit, with a variable interest rate at 5.50 percent (index rate plus 1%, minimum 5.00%) maturing August 30, 2020 secured by all the Organization's assets. There are no outstanding balances on this line at December 31, 2019.

Note 3 **FAIR VALUE MEASUREMENTS**

Fair value is defined as the price that would be received to sell an asset in the principal or most advantageous market for the asset in an orderly transaction between market participants on the measurement date. Fair value should be based on the assumptions market participants would use when pricing an asset. US GAAP establishes a fair value hierarchy that prioritizes investments based on those assumptions. The fair value hierarchy gives the highest priority to quoted prices in active markets (observable inputs) and the lowest priority to an entity's assumptions (unobservable inputs). The Organization groups assets at fair value in three levels, based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to determine fair value.

These levels include:

- | | |
|---------|--|
| Level 1 | Unadjusted quoted market prices for identical assets or liabilities in active markets as of the measurement date. |
| Level 2 | Other observable inputs, either directly or indirectly, including: <ul style="list-style-type: none">• Quoted prices for similar assets/liabilities in active markets;• Quoted prices for identical or similar assets in non-active markets;• Inputs other than quoted prices that are observable for the asset/liability; and• Inputs that are derived from or corroborated by other observable market data. |
| Level 3 | Unobservable inputs that cannot be corroborated by observable market data. |

As of December 31, 2019, all of the Organization's investments consist of mutual funds which are valued at level 1.

Note 4 **RETIREMENT PLANS**

Hunger Solutions has a defined contribution retirement plan (SEP). The plan covers all employees who meet specific requirements. The Organization contributes three (3) percent of total annual earnings. The Organization contributed \$16,685 to the plan for the year ended December 31, 2019.

The Organization also sponsors a 403(b) plan that covers all employees who meet specific requirements. Hunger Solutions does not make employer contributions to this plan.

HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS

Note 5 OPERATING LEASES

The Organization leases office equipment and office space under operating leases that expire at various times through June 2023. Rent expense for leases was \$71,293 for the year ended December 31, 2019. Future minimum payments under these agreements are as follows:

| <u>Year Ending, December 31,</u> | |
|--------------------------------------|-------------------|
| 2021 | 78,122 |
| 2022 | 77,610 |
| 2023 | 39,379 |
| | <u>\$ 195,111</u> |

Note 6 AVAILABILITY AND LIQUIDITY

The following represents Hunger Solutions' financial assets as December 31, 2019:

| | |
|--|-------------------------|
| Financial assets at year-end: | |
| Cash and cash equivalents | \$ 482,234 |
| Investments | 899,191 |
| Contributions receivable | 217,014 |
| Accounts receivable | 100,205 |
| Accounts receivable, agency | <u>13,903</u> |
| Total financial assets | <u>1,712,547</u> |
| Less amounts not available to be used within one year: | |
| Funds held in agency | (352,920) |
| Net assets with donor restrictions | <u>(25,000)</u> |
| Financial assets available to meet general expenditures over the next twelve months | <u>\$ 1,334,627</u> |

The Organization's goal is generally to maintain financial assets to meet 4 months of operating expenses. As part of its liquidity plan, excess cash is invested in short-term investments including money market accounts.

Note 7 FOOD AND HOUSEHOLD PRODUCTS (SUPPLEMENTARY INFORMATION)

The Organization coordinates the distribution of food and household products to various in-state food banks and food shelves. The total valuation of the food and household products distributed are estimates based on estimated pounds distributed multiplied by estimated rates per pound established by cost studies conducted by USDA. The valuation of distributed food and household products during the year ended December 31, 2019 was \$14,790,158.