

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2020 calendar year, or tax year beginning , and ending**

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

**C** Name of organization: **HUNGER SOLUTIONS MINNESOTA**  
 Doing business as  
 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  
**ST PAUL MN 55103**

**D** Employer identification number: **36-3567366**  
**E** Telephone number: **651-486-9860**  
**G** Gross receipts \$: **13,601,600**

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

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

**J** Website: **u HUNGERSOLUTIONS.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **1987** **M** State of legal domicile: **MN**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>13</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>13</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,242,716</b>	<b>12,977,643</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>15,305,878</b>	<b>446,455</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,310</b>	<b>2,667</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>18,549,904</b>	<b>13,426,765</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>17,062,053</b>	<b>10,945,755</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>846,731</b>	<b>918,509</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>35,906</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>476,185</b>	<b>834,895</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18,384,969</b>	<b>12,699,159</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>164,935</b>	<b>727,606</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,746,947</b>	<b>2,843,180</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>620,767</b>	<b>893,682</b>
		<b>1,126,180</b>	<b>1,949,498</b>

**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: **COLLEEN MORIARTY** Date: **EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **GREG EMMERICH** Preparer's signature: **GREG EMMERICH** Date: **09/21/21** Check  if self-employed  PTIN: **P00838472**  
 Firm's name: **HARRINGTON LANGER & ASSOCIATES** Firm's EIN: **41-1532347**  
 Firm's address: **563 PHALEN BLVD 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 \$ **11,662,460** including grants of \$ **10,945,755** ) (Revenue \$ **15,000** )

**See Schedule O**

**4b** (Code: ) (Expenses \$ **665,730** including grants of \$ ) (Revenue \$ **20,335** )

**See Schedule O**

**4c** (Code: ) (Expenses \$ **208,953** including grants of \$ ) (Revenue \$ **369,790** )

**ADVOCACY**

**Serving as the anti-hunger community's leading voice with lawmakers, we champion ending hunger through public policy intervention and systemic change. Some key policy priorities of FY2020 were to end school lunch shaming tactics, continue funding for mobile food shelf initiatives, support Hunger Free college campuses, and fund a new food shelf building in St. Paul.**

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

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

**4e** Total program service expenses **u 12,537,143**

**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	<b>Section 501(c)(3) organizations.</b> 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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 detailing various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Part V check

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

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**

			Yes	No
<b>1a</b>	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>1a</b>	<b>12</b>	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	<b>12</b>	
<b>2</b>	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?	<b>2</b>		<b>X</b>
<b>3</b>	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?	<b>3</b>		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b>	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?	<b>7a</b>		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b>	The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b>	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	<b>9</b>		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12b</b>			
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>
<b>b</b>	Other officers or key employees of the organization	<b>15b</b>	<b>X</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		
<b>16b</b>			

**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**

**KARLA DROSS**  
**ST PAUL**

**555 PARK STREET, STE 400**

**MN 55103**

**651-486-9860**

**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) <b>KIRSTIE FOSTER</b>	2.00									
<b>PRESIDENT</b>	0.00	X		X			0	0	0	
(2) <b>LYDIA BJORGE</b>	2.00									
<b>VICE PRESIDENT</b>	0.00	X		X			0	0	0	
(3) <b>MAY YANG</b>	2.00									
<b>SECRETARY</b>	0.00	X		X			0	0	0	
(4) <b>RYAN CARRIGAN</b>	2.00									
<b>TREASURER</b>	0.00	X		X			0	0	0	
(5) <b>DAN VOLLMAN</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(6) <b>DR. NEIL BRATNEY</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(7) <b>SCOTT VAN DAELE</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(8) <b>MARY MITCHELL</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(9) <b>JULIE ROBEY</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(10) <b>JODIE DVORKIN</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(11) <b>CINDY MILLER</b>	1.00									
<b>DIRECTOR</b>	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) <b>ERIN MAYE QUADE</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(13) <b>COLLEEN MORIARTY</b>	40.00									
<b>EXECUTIVE DIRECTOR</b>	0.00			X			136,157	0	16,758	
(14) <b>ABY JOHN</b>	40.00									
<b>FINANCE DIRECTOR</b>	0.00			X			101,142	0	25,261	
<b>1b Subtotal</b> .....							<b>u</b>	<b>237,299</b>		<b>42,019</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>	<b>237,299</b>		<b>42,019</b>

**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 2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> 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> .....	<b>X</b>	
<b>5</b> 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> .....		<b>X</b>

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	<b>11,843,909</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>1,133,734</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>12,977,643</b>				
<b>Program Service Revenue</b>	<b>2a</b> <b>CONTRACTS</b>	Business Code	<b>446,455</b>	<b>446,455</b>			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	<b>446,455</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>23,203</b>			<b>23,203</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities		<b>154,299</b>			
		(ii) Other					
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	<b>174,835</b>				
<b>c</b> Gain or (loss)	<b>7c</b>	<b>-20,536</b>					
<b>d</b> Net gain or (loss)	<b>u</b>	<b>-20,536</b>	<b>-20,536</b>				
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
	<b>b</b> Less: direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>13,426,765</b>	<b>425,919</b>	<b>0</b>	<b>23,203</b>		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>10,945,755</b>	<b>10,945,755</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>289,814</b>	<b>275,323</b>	<b>14,491</b>	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>508,875</b>	<b>466,332</b>	<b>20,266</b>	<b>22,277</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>13,231</b>	<b>12,188</b>	<b>546</b>	<b>497</b>
<b>9</b> Other employee benefits	<b>51,195</b>	<b>46,611</b>	<b>1,947</b>	<b>2,637</b>
<b>10</b> Payroll taxes	<b>55,394</b>	<b>51,372</b>	<b>2,391</b>	<b>1,631</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>25,477</b>	<b>23,420</b>	<b>2,057</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	<b>7,003</b>		<b>7,003</b>	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>412,401</b>	<b>379,098</b>	<b>33,303</b>	
<b>12</b> Advertising and promotion	<b>25,022</b>	<b>19,226</b>	<b>5,796</b>	
<b>13</b> Office expenses	<b>240,467</b>	<b>210,436</b>	<b>22,960</b>	<b>7,071</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>73,155</b>	<b>70,947</b>	<b>415</b>	<b>1,793</b>
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>15,430</b>	<b>2,000</b>	<b>13,430</b>	
<b>23</b> Insurance	<b>7,223</b>	<b>5,718</b>	<b>1,505</b>	
<b>24</b> 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.)				
<b>a</b> <b>SPECIAL PROJECTS</b>	<b>28,717</b>	<b>28,717</b>		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>12,699,159</b>	<b>12,537,143</b>	<b>126,110</b>	<b>35,906</b>
<b>26</b> 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
<b>Assets</b>	1	Cash—non-interest-bearing		1
	2	Savings and temporary cash investments	482,234	2
	3	Pledges and grants receivable, net	317,219	3
	4	Accounts receivable, net	13,903	4
	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
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 125,258	
	b	Less: accumulated depreciation	10b 86,993	10c
	11	Investments—publicly traded securities	899,191	11
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,746,947	16	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	246,572	17
	18	Grants payable		18
	19	Deferred revenue	21,275	19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	352,920	21
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	<b>Total liabilities.</b> Add lines 17 through 25	620,767	26
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27	Net assets without donor restrictions	1,101,180	27
	28	Net assets with donor restrictions	25,000	28
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	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	<b>Total net assets or fund balances</b>	1,126,180	32
33	<b>Total liabilities and net assets/fund balances</b>	1,746,947	33	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>13,426,765</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>12,699,159</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>727,606</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>1,126,180</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>95,710</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>2</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>1,949,498</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

**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.

**2020**

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](http://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 331/3% 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)						
<b>Total</b>						

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 49,556,905
13 First 5 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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 98.92%. Row 15: Public support percentage from 2019 Schedule A, Part II, line 14 15 96.30%.

16a 33 1/3% support test—2020. 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 [X]
b 33 1/3% support test—2019. 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—2020. 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—2019. 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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First 5 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

Table with 2 columns: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) = 15 %; Public support percentage from 2019 Schedule A, Part III, line 15 = 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Investment income percentage from 2019 Schedule A, Part III, line 17 = 18 %

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described in line 2, above, 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?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> 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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 .....			
b From 2016 .....			
c From 2017 .....			
d From 2018 .....			
e From 2019 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 .....			
b Excess from 2017 .....			
c Excess from 2018 .....			
d Excess from 2019 .....			
e Excess from 2020 .....			



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

Name of the organization

Employer identification number

**HUNGER SOLUTIONS MINNESOTA**

**36-3567366**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization

**HUNGER SOLUTIONS MINNESOTA**

Employer identification number

**36-3567366**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MINNESOTA HUMANITIES CENTER 987 IVY AVENUE EAST ST PAUL MN 55106	\$ 336,525	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MINNESOTA DEPT OF HUMAN SERVICES 345 PLATO BLVD ST PAUL MN 55107	\$ 11,507,383	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2020

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... Yes No, 6 Did the organization inform all grantees... Yes No.

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, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....  | <b>3a(ii)</b> |    |
- 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>125,258</b>	<b>86,993</b>	<b>38,265</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....	<b>u</b>			<b>38,265</b>



**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u</b>

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 13,426,765.

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.

Table with 5 main rows and sub-rows (a-c) for adjustments. Total expenses reported as 12,699,159.

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.



**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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)	360 COMMUNITIES BURNSVILLE FOOD SHELF 501 E HWY 13 STE 112 BURNSVILLE MN 55337	41-0987708	501C3	30,863				HUNGER RELIEF
(2)	ANNANDALE AREA COMMUNITY FOOD SHELF 390 ANNANDALE BLVD. ANNANDALE MN 55302	36-3297409	501C3	16,449				HUNGER RELIEF
(3)	ANOKA COUNTY BROTHERHOOD COUNCIL 2615 9TH AVE N ANOKA MN 55303	51-0155191	501C3	37,600				HUNGER RELIEF
(4)	APPETITE FOR CHANGE, INC. 1200 WEST BROADWAY 250 MINNEAPOLIS MN 55411	27-5112040	501C3	47,000				HUNGER RELIEF
(5)	AREA FOOD SHELF OF NEW RICHLAND 101 BROADWAY AVE S NEW RICHLAND MN 56072	45-5632734	501C3	11,294				HUNGER RELIEF
(6)	ARROWHEAD ECONOMIC OPPORTUNITY AGENCY 702 3RD AVENUE SOUTH VIRGINIA MN 55792	41-6052144	501C3	118,868				HUNGER RELIEF
(7)	AURORA-HOYT LAKES-BIWABIK-PALO AREA 315 MAIN ST N AURORA MN 55705	41-6052144	501C3	12,104				HUNGER RELIEF
(8)	AUSTIN SALVATION ARMY 409 1ST AVE NE AUSTIN MN 55912	41-0698597	501C3	21,256				HUNGER RELIEF
(9)	BE KIND 2 PEOPLE PO BOX 22711 ROBBINSDALE MN 55422	83-0845852	501C3	5,700				HUNGER RELIEF

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 228**
- 3 Enter total number of other organizations listed in the line 1 table **u 1**

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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)	BECKER COUNTY FOOD PANTRY 1308 ROSSMAN AVE DETROIT LAKES MN 56501	36-3332912	501C3	19,279				HUNGER RELIEF
(2)	BELLE PLAINE FOOD SHELF 128 N MERIDIAN ST BELLE PLAINE MN 56011	37-1638207	501C3	5,223				HUNGER RELIEF
(3)	BEMIDJI COMMUNITY FOOD SHELF 1260 EXCHANGE AVENUE SOUTHEAST BEMIDJI MN 56601	41-1494430	501C3	43,125				HUNGER RELIEF
(4)	BERTHA COMMUNITY FOOD SHELF 401 MAIN ST W BERTHA MN 56437	41-1472355	501C3	23,000				HUNGER RELIEF
(5)	BETHLEHEM URBAN INITIATIVES 1628 E 33RD ST MINNEAPOLIS MN 55407	41-1820136	501C3	80,574				HUNGER RELIEF
(6)	BIG LAKE COMMUNITIY FOOD SHELF 160 LAKE STREET NORTH BIG LAKE MN 55309	41-1820136	501C3	14,397				HUNGER RELIEF
(7)	BIG STONE EMERGENCY FOOD SHELF 719 N 7TH ST. STE 302 MONTEVIDEO MN 56265	41-0904802	501C3	5,062				HUNGER RELIEF
(8)	BOIS FORTE BAND OF CHIPPEWA 5344 LAKESHORE DR. NETT LAKE MN 55772	41-0954784	GOV	183,332				HUNGER RELIEF
(9)	BOUNTIFUL BASKET FOOD SHELF 1600 BAVARIA RD CHASKA MN 55318	84-2309087	501C3	33,487				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

**2020**

**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)	<b>BREAKTHROUGH MINISTRIES</b> 1020 3. 146TH STREET BURNSVILLE MN 55337	27-0888401	501C3	10,000				HUNGER RELIEF
(2)	<b>BRENDA GRANISON NEW CREATIONS</b> 5144 13TH AVE S MINNEAPOLIS MN 55417	42-1637667	501C3	21,000				HUNGER RELIEF
(3)	<b>BRIDGEPOINTE COMMUNITY CHURCH</b> 121 17TH STREET NORTH MOORHEAD MN 56560	41-6160135	501C3	5,037				HUNGER RELIEF
(4)	<b>BRIDGES OF HOPE</b> 2011 S. 6TH ST. BRAINERD MN 56401	72-1538846	501C3	85,000				HUNGER RELIEF
(5)	<b>BUFFALO FOOD SHELF</b> 301 12TH AVE SOUTH BUFFALO MN 55313	41-1888259	501C3	13,694				HUNGER RELIEF
(6)	<b>CAER FOOD SHELF COMMUNITY AID</b> 12621 ELK LAKE ROAD NW ELK RIVER MN 55330	41-1415484	501C3	50,800				HUNGER RELIEF
(7)	<b>CALVARY LUTHERAN CHURCH</b> 3901 CHICAGO AVE MINNEAPOLIS MN 55407	41-0705762	501C3	13,367				HUNGER RELIEF
(8)	<b>CAP AGENCY FOOD SHELF-SHAKOPEE</b> 712 CANTERBURY RD S SHAKOPEE MN 55379	41-0903890	501C3	50,888				HUNGER RELIEF
(9)	<b>CAPI FOOD SHELF-MINNEAPOLIS</b> 5930 BROOKLYN BLVD. BROOKLYN CENTER MN 55429	41-1417198	501C3	21,708				HUNGER RELIEF

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OMB No. 1545-0047

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Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number  
**36-3567366**

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(1)	CASS LAKE COMMUNITY FOOD SHELF 20179 MISSION ROAD SOUTHEAST CASS LAKE MN 56633	61-1723716	501C3	20,804				HUNGER RELIEF
(2)	CATHOLIC CHARITIES-ST CLOUD 157 ROOSEVELT RD ST CLOUD MN 56301	41-0737799	501C3	85,204				HUNGER RELIEF
(3)	CEAP - ANOKA 1201 89TH AVENUE, SUITE 130 BLAINE MN 55434	41-0990340	501C3	17,732				HUNGER RELIEF
(4)	CEAP - BROOKLYN CENTER 7051 BROOKLYN BOULEVARD BROOKLYN CENTER MN 55429	41-0990340	501C3	42,535				HUNGER RELIEF
(5)	CENTENNIAL COMMUNITY FOOD SHELF 200 CIVIC HEIGHTS CIRCLE CIRCLE PINES MN 55014	45-5579732	501C3	13,615				HUNGER RELIEF
(6)	CENTRAL MINNESOTA VEGETABLE GROWERS PO BOX 2006 INVER GROVE HEIGHTS MN 55076	41-0948794	501C3	49,367				HUNGER RELIEF
(7)	CENTRO TYRONE GUZMAN 1915 CHICAGO AVE MINNEAPOLIS MN 55404	41-1290349	501C3	15,000				HUNGER RELIEF
(8)	CHANNEL ONE FOOD BANK/FOOD SHELF 131 35TH ST SE ROCHESTER MN 55904	41-1379713	501C3	346,296				HUNGER RELIEF
(9)	CHIPPEWA COUNTY FOOD SHELF PO BOX 695 MONTEVIDEO MN 56265	41-0904802	501C3	8,011				HUNGER RELIEF

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**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

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Employer identification number

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(1)	CHISHOLM FOOD SHELF 208 WEST LAKE STREET CHISHOLM MN 55719	41-6052144	501C3	13,573				HUNGER RELIEF
(2)	CHRISTIAN CUPBOARD EMERGENCY FOOD 8264 4TH STREET N OAKDALE MN 55128	36-3298764	501C3	49,358				HUNGER RELIEF
(3)	CHUM EMERGENCY FOOD SHELF 120 N 1ST AVE W DULUTH MN 55802	41-1227969	510C3	15,104				HUNGER RELIEF
(4)	CHURCH OF THE INCARNATION 3817 PLEASANT AVENUE SOUTH MINNEAPOLIS MN 55409	41-0760816	501C3	25,307				HUNGER RELIEF
(5)	CLEAR LAKE EMERGENCY FOOD SHELF PO BOX 324 CLEARWATER MN 55320	47-5127382	501C3	5,630				HUNGER RELIEF
(6)	CLEARWATER COUNTY FOOD SHELF 112 NORTH MAIN BAGLEY MN 56621	74-3144457	501C3	6,558				HUNGER RELIEF
(7)	COMMUNIDADES LATINAS UNIDAS EN SERV 797 EAST 7TH STREET SAINT PAUL MN 55103	41-1386986	501C3	83,120				HUNGER RELIEF
(8)	COMMUNITY ACTION CENTER OF NORTHFIE 1651 JEFFERSON PARKWAY NORTHFIELD MN 55057	41-0970984	501C3	61,531				HUNGER RELIEF
(9)	COMMUNITY ACTION DULUTH 2424 WEST 5TH STREET, SUITE 102 DULUTH MN 55806	41-1410670	501C3	34,391				HUNGER RELIEF

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**HUNGER SOLUTIONS MINNESOTA**

Employer identification number  
**36-3567366**

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- 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.

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(1)	COMMUNITY BRIDGE FOOD SHELF 2400 PARK AVENUE MINNEAPOLIS MN 55404	46-2308775	501C3	13,239				HUNGER RELIEF
(2)	COMMUNITY CAFE 101 6TH ST. NW FARIBAULT MN 55021	20-1239743	501C3	39,449				HUNGER RELIEF
(3)	COMMUNITY EMERGENCY SERVICES-MPLS 1900 11TH AVE S. MINNEAPOLIS MN 55404	41-1728341	501C3	127,874				HUNGER RELIEF
(4)	COMMUNITY FOOD SHELF 107 2ND STREET SOUTHEAST ATKIN MN 56431	41-0711461	501C3	6,357				HUNGER RELIEF
(5)	COMMUNITY PATHWAYS OF STEELE COUNTY 155 OAKDALE ST. OWATONNA MN 55060	41-1593592	501C3	91,703				HUNGER RELIEF
(6)	COMMUNITY STABILIZATION PROJECT 501 N. DALE ST SAINT PAUL MN 55103	41-1729493	501C3	10,000				HUNGER RELIEF
(7)	COOK COMMUNITY FOOD SHELF 124 5TH STREET SE COOK MN 55723	41-0908605	501C3	8,542				HUNGER RELIEF
(8)	CORCORAN NEIGHBORHOOD ORGANIZATION 3451 CEDAR AVE S MINNEAPOLIS MN 55407	41-1535894	501C3	15,301				HUNGER RELIEF
(9)	CROSS OF BENTON COUNTY 150 4TH AVE N FOLEY MN 56329	41-0990340	501C3	10,888				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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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2020)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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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
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**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.

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(1)	<b>CROSS SERVICES</b> 12915 WEINAND CIRCLE ROGERS MN 55374	41-1314577	501C3	50,952				HUNGER RELIEF
(2)	<b>CROSSLAKE FOOD SHELF</b> 34212 COUNTY ROAD 3 CROSSLAKE MN 56442	41-1397273	501C3	5,059				HUNGER RELIEF
(3)	<b>CUYUNA RANGE FOOD SHELF</b> 302 CROSS AVENUE NORTH CROSBY MN 56441	41-1811512	501C3	5,181				HUNGER RELIEF
(4)	<b>DEER RIVER AREA FOOD SHELF</b> 1049 COMSTOCK DRIVE DEER RIVER MN 56636	41-1476506	501C3	5,999				HUNGER RELIEF
(5)	<b>DEPARTMENT OF INDIAN WORK</b> 1671 SUMMIT AVE ST. PAUL MN 55105	41-0694741	501C3	173,775				HUNGER RELIEF
(6)	<b>DIVISION OF INDIAN WORK HORIZONS</b> 1001 EAST LAKE STREET MINNEAPOLIS MN 55407	81-5265328	501C3	104,640				HUNGER RELIEF
(7)	<b>DOROTHY DAY FOOD PANTRY</b> 1308 MAIN AVE. MOORHEAD MN 56560	41-1594892	501C3	14,214				HUNGER RELIEF
(8)	<b>DREAM OF WILD HEALTH</b> 1308 E. FRANKLIN AVE MINNEAPOLIS MN 55404	41-1632662	501C3	30,000				HUNGER RELIEF
(9)	<b>DULUTH MARKET GARDENERS ASSOCIATION</b> 5786 MARTIMA RD FLOODWOOD MN 55736	41-1397844	501C3	7,188				HUNGER RELIEF

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(Form 990)**

Department of the Treasury  
Internal Revenue Service

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**2020**

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Inspection**

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Employer identification number  
**36-3567366**

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(1)	<b>EAST GRAND FORKS FOOD SHELF</b> 1715 3RD AVE NW EAST GRAND FORKS MN 56721	41-1864049	501C3	6,138				<b>HUNGER RELIEF</b>
(2)	<b>ECHO FOOD SHELF</b> 1014 S FRONT ST MANKATO MN 56001	41-1429214	501C3	90,532				<b>HUNGER RELIEF</b>
(3)	<b>ECUMENICAL FOOD PANTRY</b> 308 WATER STREET ALBERT LEA MN 56007	41-0695512	501C3	6,964				<b>HUNGER RELIEF</b>
(4)	<b>ELY AREA FOOD SHELF</b> 15 W CONAN ST ELY MN 55731	85-1121626	501C3	14,703				<b>HUNGER RELIEF</b>
(5)	<b>ESPERANZA</b> 1053 JEFFERSON ST. SHAKOPEE MN 55379	41-0954977	501C3	25,000				<b>HUNGER RELIEF</b>
(6)	<b>FALLS HUNGER COALITION</b> 900 5TH ST #104 INTERNATIONAL FALLS MN 56649	36-3602229	501C3	28,435				<b>HUNGER RELIEF</b>
(7)	<b>FAMILY PATHWAYS</b> 6413 OAK STREET NORTH BRANCH MN 55056	41-1332828	501C3	105,591				<b>HUNGER RELIEF</b>
(8)	<b>FERGUS FALLS COMMUNITY FOOD SHELF</b> 1512 FIRST AVE FERGUS FALLS MN 56537	41-1558108	501C3	11,573				<b>HUNGER RELIEF</b>
(9)	<b>FOND DU LAC BAND OF LAKE SUPERIOR</b> 1720 BIG LAKE RD. CLOQUET MN 55720	41-0965719	GOV	83,332				<b>HUNGER RELIEF</b>

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(1)	FOND DU LAC HUMAN SERVICES 1720 BIG LAKE RD. CLOQUET MN 55720	41-0965719	GOV	100,000				HUNGER RELIEF
(2)	FOUNDATION FOR ESSENTIAL NEEDS 701 N 3RD STREET, SUITE 203 MINNEAPOLIS MN 55401	27-4342240	501C3	205,185				HUNGER RELIEF
(3)	FRANCIS BASKET FOOD SHELF 1293 EAST MAYNARD DRIVE SAINT PAUL MN 55116	41-0693916	501C3	5,932				HUNGER RELIEF
(4)	FRIENDS IN NEED FOOD SHELF 545 3RD ST. ST PAUL PARK MN 55071	41-1794212	501C3	31,876				HUNGER RELIEF
(5)	FRUIT OF THE VINE FOOD SHELF 1533 W ARROWHEAD RD DULUTH MN 55811	41-1680001	501C3	38,333				HUNGER RELIEF
(6)	FRUIT OF THE VINE SAINT PAUL 1280 ARCADE ST SAINT PAUL MN 55106	46-1443346	501C3	37,199				HUNGER RELIEF
(7)	GARRISON AREA CAREGIVERS, INC. 306 6TH AVE S GARRISON MN 56450	20-2899659	501C3	5,166				HUNGER RELIEF
(8)	GLENDALE FOOD SHELF 92 SAINT MARY'S AVENUE SOUTHEAST MINNEAPOLIS MN 55414	41-0873798	501C3	21,800				HUNGER RELIEF
(9)	GOOD IN THE HOOD 2101 CHICAGO AVENUE MINNEAPOLIS MN 55404	01-0768296	501C3	119,198				HUNGER RELIEF

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(1)	GOOD WORKS FOOD SHELF-RESCUE NOW 697 13TH AVE NE MINNEAPOLIS MN 55413	34-1983933	501C3	18,934				HUNGER RELIEF
(2)	GRAND PORTAGE RESERVATION TRIBAL 81 STEVENS ROAD GRAND PORTAGE MN 55605	41-0969619	GOV	183,332				HUNGER RELIEF
(3)	GRAND RAPIDS FARMERS MARKET 54852 GREAT RIVER RD PALISADE MN 56469	27-4848701	501C3	17,255				HUNGER RELIEF
(4)	GREAT PLAINS FOOD BANK 1720 3RD AVE N FARGO ND 58102	47-2229589	501C3	28,000				HUNGER RELIEF
(5)	GROVELAND EMERGENCY FOOD SHELF 1900 NICOLLET AVE MINNEAPOLIS MN 55403	41-1933266	501C3	33,368				HUNGER RELIEF
(6)	HALLIE Q BROWN COMMUNITY CENTER 270 N KENT ST ST PAUL MN 55102	41-0693846	501C3	33,685				HUNGER RELIEF
(7)	HEAVEN'S TABLE FOOD SHELF 909 WINNEBAGO AVE FAIRMONT MN 56031	45-3075078	501C3	18,629				HUNGER RELIEF
(8)	HELPING HANDS EMERGENCY SERVICES 119 S MAIN ST MAHNOMEN MN 56557	41-1476426	501C3	5,716				HUNGER RELIEF
(9)	HENNEPIN HEALTHCARE FOUNDATION 701 PARK AVENUE MINNEAPOLIS MN 55415	42-1707837	501C3	9,800				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.**  
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OMB No. 1545-0047

**2020**

**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)	HIGH RISE MOBILE FOOD SHELF 554 NORTH 8TH AVENUE MINNEAPOLIS MN 55411	41-0873798	501C3	59,712				HUNGER RELIEF
(2)	HISPANIC OUTREACH OF GOODHUE COUNTY 628 WEST 5TH ST RED WING MN 55066	26-4467878	501C3	28,700				HUNGER RELIEF
(3)	HMONG AMERICAN FARMERS ASSOCIATION 149 THOMPSON AVENUE EAST WEST SAINT PAUL MN 55118	46-0928003	501C3	10,000				HUNGER RELIEF
(4)	HOMETOWN RESOURCE CENTER OF ST CHARLES 1244 WHITEWATER AVE SAINT CHARLES MN 55972	41-1603419	501C3	14,159				HUNGER RELIEF
(5)	HOPE FOR THE COMMUNITY 1264 109TH AVE NE BLAINE MN 55434	46-3680832	501C3	100,099				HUNGER RELIEF
(6)	HUBBARD COUNTY FOOD SHELF 308 PLEASANT AVE PARK RAPIDS MN 56470	36-3339751	501C3	16,340				HUNGER RELIEF
(7)	HUGO GOOD NEIGHBORS FOOD SHELF PO BOX 373 HUGO MN 55038	26-4627293	501C3	7,272				HUNGER RELIEF
(8)	INTERCONGREGATION COMMUNITIES ASSOCIATION 1299 SAINT DAVID'S ROAD MINNETONKA MN 55305	41-0979010	501C3	46,492				HUNGER RELIEF
(9)	INTERFAITH OUTREACH & COMMUNITY 1605 COUNTY RD 101N PLYMOUTH MN 55408	36-3482724	501C3	38,589				HUNGER RELIEF

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(1)	INVOLVE MN 2492 EAGLE VALLEY DR WOODBURY MN 55129	84-2640176	501C3	84,500				HUNGER RELIEF
(2)	JOYCE FOOD SHELF-MINNEAPOLIS 3041 FREMONT AVE SOUTH MINNEAPOLIS MN 55408	46-3081535	501C3	18,715				HUNGER RELIEF
(3)	KANDIYOHI COUNTY FOOD SHELF 624 PACIFIC AVE SW WILLMAR MN 56201	41-1432367	501C3	20,043				HUNGER RELIEF
(4)	KEYSTONE COMMUNITY SERVICES 2000 ST. ANTHONY AVENUE ST PAUL MN 55104	41-0693924	501C3	115,243				HUNGER RELIEF
(5)	KINGFIELD FARMER'S MARKET 3754 PLEASANT AVENUE S #104 MINNEAPOLIS MN 55409	26-3792215	501C3	6,243				HUNGER RELIEF
(6)	LA SUEUR FOOD SHELF 116 INNER DRIVE LA SUEUR MN 56058	27-1127818	501C3	5,784				HUNGER RELIEF
(7)	LAKE CITY FOOD SHELF 600 SOUTH 8TH STREET LAKE CITY MN 55041	41-1430175	501C3	5,503				HUNGER RELIEF
(8)	LAKES AREA FOOD SHELF INC PO BOX 724 NISSWA MN 56468	41-1715784	501C3	7,569				HUNGER RELIEF
(9)	LEECH LAKE BAND OF OJIBWE 190 SAILSTAR DRIVE NW CASS LAKE MN 56633	41-1242052	GOV	83,332				HUNGER RELIEF

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Department of the Treasury  
Internal Revenue Service

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(1)	LIFEGATE SERVICES 1300 10TH AVENUE NORTHEAST ROCHESTER MN 55906	41-1965877	501C3	44,192				HUNGER RELIEF
(2)	LITTLE KITCHEN FOOD SHELF 1500 6TH ST NE MINNEAPOLIS MN 55413	20-8796060	501C3	8,479				HUNGER RELIEF
(3)	LOAVES AND FISHES-TWIN CITIES 721 KASOTA AVE SE MINNEAPOLIS MN 55414	41-1421522	501C3	83,200				HUNGER RELIEF
(4)	LONGFELLOW/SEWARD HEALTH SENIORS 2800 E. LAKE STREET MINNEAPOLIS MN 55406	41-1886110	501C3	10,000				HUNGER RELIEF
(5)	LONGVILLE FOOD SHELF PO BOX 308 LONGVILLE MN 56655	46-3478081	501C3	6,105				HUNGER RELIEF
(6)	LOWER SIOUX INDIAN COMMUNITY 39527 RESERVATION HIGHWAY 1 MORTON MN 56270	41-0991683	501C3	83,332				HUNGER RELIEF
(7)	LUTHERAN SOCIAL SERVICES OF MN 2485 COMO AVE. SAINT PAUL MN 55108	41-0872993	501C3	45,000				HUNGER RELIEF
(8)	MANNA FOOD PANTRY, INC 230 CLARY STREET WORTHINGTON MN 56187	33-1113804	501C3	15,122				HUNGER RELIEF
(9)	MAPLE RIVER LOAVES AND FISHES 104 N. CENTRAL AVE MAPLETON MN 56065	45-5336214	501C3	24,967				HUNGER RELIEF

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(1)	<b>MARSHALL KITCHEN TABLE FOOD SHELF</b> 1400 S SARATOGA ST MARSHALL MN 56258	41-0904860	501C3	14,053				HUNGER RELIEF
(2)	<b>MCLEOD EMERGENCY FOOD SHELF</b> 808 12TH ST E GLENCOE MN 55336	47-1470696	501C3	24,865				HUNGER RELIEF
(3)	<b>MEEKER AREA FOOD SHELF</b> 118 N. SIBLEY AVE. LITCHFIELD MN 55355	41-1459645	501C3	9,879				HUNGER RELIEF
(4)	<b>MELROSE AREA FOOD SHELF</b> 255 COUNTRY CLUB ROAD MELROSE MN 56352	41-1957479	501C3	6,063				HUNGER RELIEF
(5)	<b>MERRICK COMMUNITY SERVICES</b> 1669 ARCADE STREET, STE 4 SAINT PAUL MN 55106	41-0693851	501C3	19,281				HUNGER RELIEF
(6)	<b>METRO MEALS ON WHEELS</b> 1200 WASHINGTON AVE. S. #380 MINNEAPOLIS MN 55415	31-1501057	501C3	9,500				HUNGER RELIEF
(7)	<b>MILACA AREA PANTRY</b> 120 2ND AVENUE SOUTHWEST MILACA MN 56353	41-1628297	501C3	12,292				HUNGER RELIEF
(8)	<b>MILL CITY FARMERS MARKET</b> 704 2ND ST STE 510 MINNEAPOLIS MN 55401	56-2647640	501C3	5,291				HUNGER RELIEF
(9)	<b>MILLE LACS BAND OF OJIBWE</b> 43408 OODENA DR ONAMIA MN 56359	41-1661577	GOV	183,332				HUNGER RELIEF

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(1)	MINNEHAHA FOOD SHELF 3701 E 50TH STREET MINNEAPOLIS MN 55417	41-0789393	501C3	11,165				HUNGER RELIEF
(2)	MOOSE LAKE ARE FOOD SHELF BOX 128 MOOSE LAKE MN 55767	80-0642004	501C3	5,463				HUNGER RELIEF
(3)	MORA FOOD PANTRY 434 MORA MORA MN 55051	41-1457824	501C3	9,867				HUNGER RELIEF
(4)	MORRISON COUNTY FOOD SHELF 912 1ST AVE SW LITTLE FALLS MN 56345	41-1678333	501C3	14,904				HUNGER RELIEF
(5)	MOUNTAIN LAKE COMMUNITY FOOD SHELF 1310 MOUNTAIN LAKE ROAD MOUNTAIN LAKE MN 56159	41-1861037	501C3	5,499				HUNGER RELIEF
(6)	MURRAY COUNTY FOOD SHELF 2989 MAPLE ROAD SLAYTON MN 56172	38-3714513	501C3	5,269				HUNGER RELIEF
(7)	MUSLIM AMERICAN SOCIETY OF MINNESOTA 1608 COMO AVE ST PAUL MN 55108	47-0907353	501C3	30,000				HUNGER RELIEF
(8)	NEIGHBORHOOD HOUSE 179 ROBIE ST E. ST PAUL MN 55107	41-0693916	501C3	47,464				HUNGER RELIEF
(9)	NEIGHBORHOOD NETWORK FOR SENIORS 1895 LAUREL AVE ST PAUL MN 55104	41-1728322	501C3	20,000				HUNGER RELIEF

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(1)	NEIGHBORS HELPING NEIGHBORS FOOD SH 301 CENTRAL AVENUE NASHWAUK MN 55769	27-1685000	501C3	6,373				HUNGER RELIEF
(2)	NEIGHBORS INC. 222 GRAND AVENEUE W SOUTH SAINT PAUL MN 55075	41-1360294	501C3	97,418				HUNGER RELIEF
(3)	NEIGHBORS UNITED RESOURCE CENTER 841 2ND STREET GRANITE FALLS MN 56241	41-1637586	501C3	5,869				HUNGER RELIEF
(4)	NEW CREATION BAPTIST CHURCH 1414 E 48TH ST MINNEAPOLIS MN 55417	41-2018782	501C3	22,248				HUNGER RELIEF
(5)	NEW OIL CHRISTIAN CENTER 4050 UPTON AVE N MINNEAPOLIS MN 55412	26-4556121	501C3	60,000				HUNGER RELIEF
(6)	NEW ULM AREA EMERGENCY FOOD SHELF PO BOX 761 NEW ULM MN 56073	41-1431867	501C3	9,722				HUNGER RELIEF
(7)	NORTH COUNTRY FOOD ALLIANCE 2400 BLAISDELL AVE, STE 2B MINNEAPOLIS MN 55404	46-3139547	501C3	17,000				HUNGER RELIEF
(8)	NORTH COUNTRY FOOD BANK 1011 11TH AVE NE EAST GRAND FORKS MN 56721	41-1459758	501C3	167,934				HUNGER RELIEF
(9)	NORTH ST. PAUL AREA FOOD SHELF 2070 RADATZ AVE. E. N. ST. PAUL MN 55109	36-3617858	501C3	47,044				HUNGER RELIEF

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(1)	<b>NORTHPOINT HEALTH &amp; WELLNESS CENTER</b> 1256 NORTH PENN AVENUE SUITE 5300 MINNEAPOLIS MN 55411	20-0898277	501C3	48,474				<b>HUNGER RELIEF</b>
(2)	<b>OPEN ARMS</b> 2500 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS MN 55404	41-1681317	501C3	40,000				<b>HUNGER RELIEF</b>
(3)	<b>ORGANIZATION OF LIBERIANS IN MN</b> 7001 78TH AVE N, SUITE 200 BROOKLYN PARK MN 55445	41-1764368	501C3	10,000				<b>HUNGER RELIEF</b>
(4)	<b>ORONOCO FOOD SHELF</b> 20 3RD AVE NW ORONOCO MN 55960	82-2913068	501C3	5,072				<b>HUNGER RELIEF</b>
(5)	<b>OUTREACH FOOD SHELF</b> 1205 LAKE ST ALEXANDRIA MN 56308	20-2556435	501C3	14,128				<b>HUNGER RELIEF</b>
(6)	<b>PEACE CENTER</b> 313 N. COLUMBUS AVE NEW PRAGUE MN 56071	41-1456579	501C3	6,075				<b>HUNGER RELIEF</b>
(7)	<b>PEOPLE REACHING OUT TO PEOPLE</b> 14700 MARTIN DRIVE EDEN PRAIRIE MN 55344	41-1430172	501C3	45,260				<b>HUNGER RELIEF</b>
(8)	<b>PILLSBURY UNITED COMMUNITIES</b> 2323 11TH AVE S MINNEAPOLIS MN 55404	41-0916478	501C3	33,348				<b>HUNGER RELIEF</b>
(9)	<b>PINE ISLAND SHARING SHELVES</b> PO BOX 145 PINE ISLAND MN 55963	41-1697527	501C3	5,496				<b>HUNGER RELIEF</b>

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(1)	PINE RIVER BACKUS FAMILY CENTER PO BOX 1 PINE RIVER MN 56474	41-1851010	501C3	70,832				HUNGER RELIEF
(2)	PIPESTONE COUNTY FOOD SHELF, INC. 223 2ND STREET N W PIPESTONE MN 56164	55-0888466	501C3	8,250				HUNGER RELIEF
(3)	PLAINVIEW-ELGIN AREA FOOD SHELF PO BOX 314 PLAINVIEW MN 55964	42-1654116	501C3	6,591				HUNGER RELIEF
(4)	PRAIRIE FIVE COMMUNITY ACTION 719 N. 7TH ST. MONTIVIDEO MN 56265	41-0904802	501C3	70,000				HUNGER RELIEF
(5)	PRAIRIE ISLAND COMMUNITY COUNCIL 5636 STURGEON LAKE RD WELCH MN 55089	41-1231069	GOV	83,332				HUNGER RELIEF
(6)	PRINCETON PANTRY 104 6TH AVE SOUTH PRINCETON MN 55371	41-1589398	501C3	8,187				HUNGER RELIEF
(7)	PRISM-GOLDEN VALLEY 1220 ZANE AVE N GOLDEN VALLEY MN 55422	41-1442049	501C3	28,302				HUNGER RELIEF
(8)	PROCTOR AREA FOOD SHELF 100 PIONK DRIVE PROCTOR MN 55810	41-6052144	501C3	7,136				HUNGER RELIEF
(9)	PROJECT SHARE OF WADENA 205 ALDRICH AVENUE SOUTHEAST WADENA MN 55482	36-3470609	501C3	5,825				HUNGER RELIEF

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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)	RALPH REEDER FOOD SHELF-MVPC 2544 MOUNDS VIEW BLVD MOUNDS VIEW MN 55112	41-6008084	GOV	28,013				HUNGER RELIEF
(2)	REACH PO BOX 237 HAWLEY MN 56549	41-1716149	501C3	11,637				HUNGER RELIEF
(3)	RED LAKE BAND OF CHIPPEWA INDIANS 15484 MIGIZI DRIVE RED LAKE MN 56671	41-0692381	GOV	141,666				HUNGER RELIEF
(4)	RED LAKE FALLS FOOD SHELF 518 CHAMPAGNE AVENUE SOUTHWEST RED LAKE FALLS MN 56750	41-0695521	GOV	44,961				HUNGER RELIEF
(5)	RED WING AREA FOOD SHELF 189 CHARLES AVE RED WING MN 55066	41-1415594	501C3	9,840				HUNGER RELIEF
(6)	REDWOOD AREA FOOD SHELF INC. 231 E 2ND ST REDWOOD FALLS MN 56283	41-1991695	501C3	5,743				HUNGER RELIEF
(7)	RENVILLE COUNTY FOOD SHELF 108 SOUTH 9TH ST OLIVIA MN 56277	41-1461947	501C3	10,806				HUNGER RELIEF
(8)	RICE COUNTY FRIENDSHIP HOUSE 320 THIRD STREET NW FARIBAULT MN 55021	75-3023237	501C3	29,000				HUNGER RELIEF
(9)	RICHFIELD FARMERS MARKET 7000 NICOLLET AVENUE RICHFIELD MN 55423	41-6005490	501C3	5,327				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.**  
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OMB No. 1545-0047

**2020**

**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)	RIVERWORKS FOOD SHELF 8230 CEDAR STREET ROCKFORD MN 55373	26-4143579	501C3	6,642				HUNGER RELIEF
(2)	ROCHESTER FARMER'S MARKET 1421 3RD AVE SE ROCHESTER MN 55903	20-3177629	501C4	19,740				HUNGER RELIEF
(3)	ROCK COUNTY FOOD SHELF 109 N FREEMAN LIVERNE MN 56156	81-1047461	501C3	5,882				HUNGER RELIEF
(4)	ROCORI AREA FOOD SHELF 217 MAIN STREET COLD SPRING MN 56320	90-1032706	501C3	7,335				HUNGER RELIEF
(5)	SABATHANI COMMUNITY CENTER 310 EAST 38TH ST MINNEAPOLIS MN 55409	41-0984859	501C3	33,859				HUNGER RELIEF
(6)	SALVATION ARMY 2445 PRIOR AVE N ROSEVILLE MN 55113	41-0698597	501C3	254,184				HUNGER RELIEF
(7)	SCOTT CARVER DAKOTA CAP AGENCY, INC 712 CANTERBURY RD S SHAKOPEE MN 55379	41-0903890	501C3	50,000				HUNGER RELIEF
(8)	SECOND HARVEST HEARTLAND 7101 WINNETKA AVENUE NORTH BROOKLYN PARK MN 55428	23-7417654	501C3	1,219,900				HUNGER RELIEF
(9)	SECOND HARVEST NORTH CENTRAL 2222 CROMEL DRIVE GRAND RAPIDS MN 55744	41-1782776	501C3	30,580				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  
(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.  
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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)	SECOND HARVEST NORTHERN LAKES FOOD 4503 AIRPARK BLVD DULUTH MN 55811	36-3479964	501C3	273,198				HUNGER RELIEF
(2)	SEMCAC 204 SOUTH ELM STREET RUSHFORD MN 55971	41-0907135	501C3	26,962				HUNGER RELIEF
(3)	SHELF OF HOPE - HOUSE OF CHARITY 510 SOUTH 8TH STREET MINNEAPOLIS MN 55404	41-0795347	501C3	6,991				HUNGER RELIEF
(4)	SHILOH CARES FOOD SHELF 1201 WEST BROADWAY MINNEAPOLIS MN 55411	41-1557928	501C3	21,360				HUNGER RELIEF
(5)	SIBLEY COUNTY FOODSHARE BOX 676 GAYLORD MN 55334	41-1442942	501C3	5,799				HUNGER RELIEF
(6)	SILVER BAY FOOD PANTRY 2740 1ST AVE. MINNEAPOLIS MN 55408	41-0705805	501C3	9,443				HUNGER RELIEF
(7)	SOMALI COMMUNITY RESETTLEMENT SERVI 207 EAST LAKE ST #300 MINNEAPOLIS MN 55408	31-1668255	501C3	77,000				HUNGER RELIEF
(8)	SOUTHEAST SENIORS 2828 UNIVERSITY AVE SE SUITE 200 MINNEAPOLIS MN 55414	36-3579534	501C3	6,000				HUNGER RELIEF
(9)	SOUTHERN ANOKA COMMUNITY ASSISTANCE 627 38TH AVE NE COLUMBIA HEIGHTS MN 55421	41-1272131	501C3	54,641				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  
(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.  
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Employer identification number  
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**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)	ST PAUL FARMERS MARKET 290 E 5TH ST ST PAUL MN 55101	41-1486541	501C5	104,121				HUNGER RELIEF
(2)	ST. LOUIS PARK EMERGENCY PROGRAM 6812 WEST LAKE STREET ST LOUIS PARK MN 55426	51-0188692	501C3	17,164				HUNGER RELIEF
(3)	ST. PETER AREA FOOD SHELF 201B S THIRD STREET ST PETER MN 56082	41-1761515	501C3	10,348				HUNGER RELIEF
(4)	ST. VINCENT DE PAUL FARIBAULT 617 3RD AVE NW FARIBAULT MN 55021	32-0310950	501C3	22,765				HUNGER RELIEF
(5)	STAPLES AREA FARMERS MARKET 401 PRAIRIE AVE NE STAPLES MN 56479	41-1457258	501C3	10,454				HUNGER RELIEF
(6)	STEVENS COUNTY FOOD SHELF 701 IOWA AVE MORRIS MN 56267	41-1829830	501C3	6,608				HUNGER RELIEF
(7)	THE ALIVENESS PROJECT 730 E. 38TH STREET MINNEAPOLIS MN 55407	41-1593900	501C3	49,482				HUNGER RELIEF
(8)	THE CAMDEN PROMISE 4656 NORTH COLFAX AVENUE MINNEAPOLIS MN 55412	36-4685968	501C3	67,516				HUNGER RELIEF
(9)	THE FOOD GROUP MINNESOTA 8501 54TH AVENUE NORTH NEW HOPE MN 55428	41-1246504	501C3	692,533		STUDY	FOOD & RELATED	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  
(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.  
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**Part I General Information on Grants and Assistance**

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(1)	THE OPEN DOOR 3910 RAHN ROAD EAGAN MN 55122	27-0415900	501C3	174,205				HUNGER RELIEF
(2)	THE PERHAM FOOD SHELF PO BOX 7 PERHAM MN 56573	41-1647960	501C3	20,854				HUNGER RELIEF
(3)	THE SANNEH FOUNDATION 2090 CONWAY STREET ST PAUL MN 55119	56-2232269	501C3	72,000				HUNGER RELIEF
(4)	THE SHERIDAN STORY 2723 PATTON ROAD ROSEVILLE MN 55113	80-0919680	501C3	50,000				HUNGER RELIEF
(5)	THIEF RIVER FALLS AREA FOOD SHELF 16330 150TH STREET NORTHEAST THIEF RIVER FALLS MN 56701	41-1744242	501C3	19,997				HUNGER RELIEF
(6)	TOWER AREA FOOD SHELF 419 MAIN STREET TOWER MN 55790	36-3479964	501C3	5,647				HUNGER RELIEF
(7)	TRI-COMMUNITY LIVING AT HOME PO BOX 278 NEWFOLDEN MN 56738	26-4571237	501C3	6,000				HUNGER RELIEF
(8)	TRINITY LUTHERAN CHURCH AND SCHOOL 3812 229TH AVENUE NORTHWEST SAINT FRANCIS MN 55070	41-1260868	501C3	9,474				HUNGER RELIEF
(9)	TWO HARBORS AREA FOOD SHELF 2124 10TH ST TWO HARBORS MN 55616	47-1321541	501C3	23,605				HUNGER RELIEF

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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(1)	UMATUL ISLAM CENTER 3015 2ND AVE S MINNEAPOLIS MN 55408	42-1725446	501C3	10,000				HUNGER RELIEF
(2)	UNITED COMMUNITY ACTION PARTNER 1400 S SARATOGA ST. MARSHALL MN 56258	41-0904860	501C3	67,000				HUNGER RELIEF
(3)	UPPER SIOUX COMMUNITY 5744 HWY 67 EAST GRANITE FALLS MN 55425	41-0916290	GOV	83,332				HUNGER RELIEF
(4)	URBAN LEAGUE TWIN CITIES 2100 PLYMOUTH AVE N MINNEAPOLIS MN 55411	41-0706915	501C3	40,000				HUNGER RELIEF
(5)	VALLEY OUTREACH 1901 CURVE CREST BLVD W STILLWATER MN 55082	41-1452973	501C3	57,998				HUNGER RELIEF
(6)	VEAP INC. 9600 ALDRICH AVE SOUTH BLOOMINGTON MN 55420	41-6175999	501C3	130,611				HUNGER RELIEF
(7)	VOLUNTEER SERVICES OF CARLTON CTY 199 CHESTNUT AVENUE CARLTON MN 55718	36-3585001	501C3	10,000				HUNGER RELIEF
(8)	WACONIA UNITED FOOD SHELF 11 ELM ST S WACONIA MN 55387	47-1667774	501C3	12,797				HUNGER RELIEF
(9)	WALKER AREA FOOD SHELF 8243 INDUSTRIAL PARK DR. NW WALKER MN 56484	41-1517569	501C3	8,704				HUNGER RELIEF

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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**Part I General Information on Grants and Assistance**

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(1)	WASECA COUNTY FOOD SHELF 122 3RD AVENUE NORTHWEST WASECA MN 56093	41-1452216	501C3	13,942				HUNGER RELIEF
(2)	WATONWAN COUNTY FOOD SHELF 108 8TH STREET SOUTH SAINT JAMES MN 56081	41-1446978	501C3	5,085				HUNGER RELIEF
(3)	WE CARE PROJECT FOOD SHELF BOX 84 MORGAN MN 56266	27-3214113	501C3	9,674				HUNGER RELIEF
(4)	WECAN 5213 SHORELINE DR MOUND MN 55364	41-1466409	501C3	5,293				HUNGER RELIEF
(5)	WELLS AREA FOOD SHELF 291 1ST STREET SOUTHWEST WELLS MN 56097	41-1783467	501C3	6,632				HUNGER RELIEF
(6)	WEST AFRICAN FAMILY & COMMUNITY 7200 BROOKLYN BLVD BROOKLYN CENTER MN 55429	82-2337036	501C3	13,822				HUNGER RELIEF
(7)	WESTONKA FOOD SHELF 2385 COMMERCE BLVD MOUND MN 55364	41-1446978	501C3	23,350				HUNGER RELIEF
(8)	WHITE BEAR AREA EMERGENCY FOOD SHELF 1884 WHITAKER STREET WHITE BEAR LAKE MN 55110	41-1459604	501C3	52,806				HUNGER RELIEF
(9)	WHITE EARTH NATION 35500 EAGLE VIEW RD OGEMA MN 56569	41-1737979	GOV	188,332				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  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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**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
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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)	<b>WINDOM AREA SHARING CENTER 1056 4TH AVENUE WINDOM MN 56101</b>	<b>44-5086257</b>	<b>501C3</b>	<b>5,631</b>				<b>HUNGER RELIEF</b>
(2)	<b>WINONA VOLUNTEER SERVICES 402 EAST SECOND SETREET WINONA MN 55987</b>	<b>23-7376207</b>	<b>501C3</b>	<b>30,132</b>				<b>HUNGER RELIEF</b>
(3)	<b>WRIGHT COUNTY COMMUNITY ACTION 130 W DIVISION ST MAPLE LAKE MN 55358</b>	<b>41-0904809</b>	<b>501C3</b>	<b>9,251</b>				<b>HUNGER RELIEF</b>
(4)	<b>YOUTHLINK - FOOD SHELF 41 N 12TH ST MINNEAPOLIS MN 55403</b>	<b>41-1241773</b>	<b>501C3</b>	<b>5,941</b>				<b>HUNGER RELIEF</b>
(5)								
(6)								
(7)								
(8)								
(9)								

- 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 J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
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Employer identification number  
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**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**  **Yes**  **No**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**  **Yes**  **No**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**  **Yes**  **No**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**  **Yes**  **No**
- b** Any related organization? **5b**  **Yes**  **No**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**  **Yes**  **No**
- b** Any related organization? **6b**  **Yes**  **No**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 COLLEEN MORIARTY EXECUTIVE DIRECTOR	(i)	130,157	6,000	0	2,880	13,878	152,915	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**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 2**

FOOD SHELF CAPACITY, SNAP OUTREACH, AND ADVOCACY PROGRAMS NOT REPORTED SEPARATELY ON PREVIOUS 990 FILINGS.

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

**FOOD SHELF CAPACITY**

**COVID-19 Response:**

In 2020, food shelf visits met a new record with 3.8 million visits made by seniors, children, and low-income Minnesotans. To meet the increase demand, Hunger Solutions Minnesota distributed over \$21 million in emergency response grants to 352 organizations throughout the state to respond to the COVID-19 pandemic.

**Minnesota Food Shelf Program (MSFP):**

In FY2020 Hunger Solutions Minnesota distributed more than \$5 million in grants to 350 food shelves throughout Minnesota to ensure they have access to funding they need to keep food on their shelves and the doors open to those in their community.

**The Emergency Food Assistance Program (TEFAP):**

Name of the organization

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HUNGER SOLUTIONS MINNESOTA

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Hunger Solutions Minnesota partners with the USDA, the Minnesota Department of Human Services-Office of Economic Opportunity, food banks and food shelves to administer Minnesota's TEFAP program. In FY2020, Hunger Solutions distributed over 21 million pounds of food to food shelves and on-site meal programs across Minnesota via TEFAP.

Form 990, Part III, Line 4b - Second Accomplishment

SNAP OUTREACH

The Minnesota Food HelpLine is an over-the-phone resources line that provides SNAP eligibility screenings and enrollment assistance, and referral services to other food resource programs such as food shelves, WIC, Meals on Wheels, farmers markets and more. In FY2020, the Minnesota Food HelpLine received 12,235 calls to the HelpLine, nearly triple the 5,138 calls received in 2019. Of those, over 2,000 callers were screened for SNAP, 2,500+ callers received application assistance for SNAP, and 3,000+ callers received referrals to their local food shelf.

The Market Bucks program matches SNAP customer's spending up to \$10 at 99 participating farmers markets statewide, allowing customers to stretch their food budget to buy more fresh, local and affordable food. In FY2020, SNAP customers spent \$276,920 in SNAP/EBT and \$184,365 in Market Bucks during the summer season.

SNAP Rx strengthens the connection between health care and hunger relief organizations. Our partnering clinics use the Hunger Vital Sign screening tool to screen their patients for food insecurity during routine care. Patients who screen positive for food insecurity are referred to the

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Minnesota Food HelpLine and connected with food resources in their local community. In FY2020, Hunger Solutions Minnesota received 1,109 patient referrals from 79 clinic partners.

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.

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 15b - Compensation Process for Officers 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

Name of the organization

Employer identification number

HUNGER SOLUTIONS MINNESOTA

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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

PY NET ASSET DIFFERENCE \$ 2