Form 990

Department of the Treasury Internal Revenue Service

Т

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

N -

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

<u>)21</u> ſ 2 **Open to Public** . Inspection

OMB No. 1545-0047

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.

AF	or the	2021 calendar year, or tax year beginning and	ending		
B c	Check if pplicable	C Name of organization		D Employer identified	cation number
	Addres	^s HUNGER SOLUTIONS MINNESOTA			
	Name change			36-35673	66
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	 Final return/	555 PARK STREET	STE 40		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,409,040.
	Amende			H(a) Is this a group re	turn
	Applica	F Name and address of principal officer. COLLEGN MONTANTI		for subordinates	?
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
11	Tax-exe	mpt status: 🗴 501(c)(3) 🗌 501(c) ()◀ (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		e: HUNGERSOLUTIONS.ORG		H(c) Group exemption	
KF	orm of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1987 N	State of legal domicile: MN
Pa		Summary			
đ		Briefly describe the organization's mission or most significant activities:			
Š	<u> (</u>	COMPREHENSIVE HUNGER RELIEF ORGANIZATION	THAT W	ORKS TO END	HUNGER IN
srna	2 (Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	
Š					12
জ জ		Number of independent voting members of the governing body (Part VI, line 1b)			12
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			13
Activities & Governance		Total number of volunteers (estimate if necessary)			14
Act				<u>7a</u>	0.
	1d	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		12,977,643.	4,531,943.
/eni		Program service revenue (Part VIII, line 2g)		446,455.	659,945.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>2,667.</u> 0.	58,798.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,426,765.	<u>41,538.</u> 5,292,224.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,945,755.	3,064,172.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,945,755.	<u> </u>
		Benefits paid to or for members (Part IX, column (A), line 4)		918,509.	992,143.
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	10a F	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25)	51	0.	0.
ă	17 (Total fundraising expenses (Part IX, column (D), line 25) ►54, 5 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		834,895.	735,208.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,699,159.	4,791,523.
		Revenue less expenses. Subtract line 18 from line 12		727,606.	500,701.
OL		10401100 1055 Expenses. Oubtract inte 10 11011 1111e 12		ginning of Current Year	End of Year
ets (20	Fotal assets (Part X, line 16)		2,843,180.	2,994,123.
Net Assets (21	Fotal liabilities (Part X, line 26)		893,682.	516,375.
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		1,949,498.	2,477,748.
P	art II	Signature Block		,,	=,=::,:=00

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, EXEC Type or print name and title	UTIVE DIRECTOR	Date	
Paid	Print/Type preparer's name RACHEL FLANDERS	Preparer's signature RACHEL FLANDERS	Date 11/11/22	Check PTIN if self-employed P01591790
Preparer	Firm's name 🕒 CLIFTONLARSONALI	EN LLP	Firm's	s EIN ▶ 41-0746749
Use Only	Firm's address 🖕 220 S 6TH STREET	r, SUITE 300		
	MINNEAPOLIS, MN	55402	Phon	e no.612-376-4500
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.		Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

_		3567366	Page
Pal	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	<u></u>	[23
-	HUNGER SOLUTIONS MINNESOTA IS A COMPREHENSIVE HUNGER RELIEF		
	ORGANIZATION THAT WORKS TO END HUNGER IN MINNESOTA. WE TAKE A	ACTION T	0
	ASSURE FOOD SECURITY FOR ALL MINNESOTANS BY SUPPORTING AGENCI		
	PROVIDE FOOD TO THOSE IN NEED, ADVANCING SOUND PUBLIC POLICY		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	XN
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	XN
-	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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	• •	
	revenue, if any, for each program service reported.	ai oxportoco, ai	
4a		659,	945.
	TO END HUNGER IN MINNESOTA, WE NEED A STRONG, RESPONSIVE EMER	GENCY F	OOD
	SYSTEM. HUNGER SOLUTIONS MINNESOTA WORKS TO BUILD FOOD SHELF		
	SO FOOD SHELVES IN OUR STATE ARE BEST ABLE TO MEET THE NEEDS		-
	LOCAL COMMUNITIES.		
	FOOD SHELF FUNDING: IN 2021, HUNGER SOLUTIONS MINNESOTA DIST	RIBUTED	
	MORE THAN \$2 MILLION IN GRANTS TO 350 FOOD SHELVES THROUGHOUT	MINNES	OTA
	TO ENSURE THEY HAVE ACCESS TO FUNDING THEY NEED TO KEEP FOOD	ON THEI	R
	SHELVES AND THE DOORS OPEN TO THOSE IN THEIR COMMUNITY. THESE	GRANT	
	OPPORTUNITIES INCLUDED THE MINNESOTA FOOD SHELF PROGRAM (MFSF) GRANT	S,
	CULTURAL COLLABORATION AND EQUIPMENT GRANTS, AND THE CCRSA GR	ANTS.	
4b	(Code:) (Expenses \$549,672. including grants of \$316,405.) (Revenue \$		
	SNAP OUTREACH		
	THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) IS THE I		
	FEDERAL NUTRITION ASSISTANCE PROGRAM, SUPPLEMENTING THE FOOD		
	LOW-INCOME HOUSEHOLDS SO THEY CAN PURCHASE FOOD THAT MEETS TH		DS.
	THE PROGRAM SERVES AS THE FIRST LINE OF DEFENSE AGAINST HUNGE		
	EVERY MEAL PROVIDED BY THE NETWORK OF FOOD BANKS AND FOOD SHE	LVES, S	NAP
	PROVIDES NINE MEALS.		
	UUNGED GOLUMIONG MINNEGOMA G GNAD OUMDEAGU EEEODMG GONNEGM DI		m TT
	HUNGER SOLUTIONS MINNESOTA'S SNAP OUTREACH EFFORTS CONNECT PE		TH
	FOOD RESOURCES THROUGH THE MINNESOTA FOOD HELPLINE, MARKET BU PROGRAM, AND SNAP RX.	<u>ICK5</u>	
	PROGRAM, AND SWAP KA.		
1c	(Code:) (Expenses \$ 536,018. including grants of \$) (Revenue \$)		
TC			
	SERVING AS THE ANTI-HUNGER COMMUNITY'S LEADING VOICE WITH LAW	MAKERS.	WE
	CHAMPION ENDING HUNGER THROUGH PUBLIC POLICY INTERVENTION AND		
	CHANGE.		-
	KEY POLICY PRIORITIES OF 2021 WERE TO SUPPORT FOOD SHELVES DU	JRING TH	E
	COVID-19 PANDEMIC; PROVIDE FREE BREAKFAST AND LUNCH TO ALL ST	UDENTS	IN
	MINNESOTA, ESPECIALLY THOSE IN LOW-INCOME COMMUNITIES; DESIGN	JATE	
	FUNDING FOR THE BUILD OF A NEW FOOD SHELF IN ST. PAUL; AND IN		
	ACCESS TO FOOD RESOURCES FOR STUDENTS ENROLLED IN COLLEGES AN	1D	
	UNIVERSITIES.		
1d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
1e	Total program service expenses 4,450,407.		
		Form 9	90 (202
2002	SEE SCHEDULE O FOR CONTINUATION(S)		
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ᆂᆂ	TTT TOTODO UDD-UZZOHUVU ZUZTODOU HUNGER SULUTIONS M.	TINTNEDOLL	000-

Form 990 (2021)	HUNGER ist of Required Sc	
Part IV Checki	ist of Required Sc	nequies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		_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?		х	
10	If "Yes," complete Schedule D, Part IV	9	^	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		Δ
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI		- 23	
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			L
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_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? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		(000 1)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.2	Part V, line 1	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		- 23
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t 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	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	N
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Г		105	
	filed for the calendar year ending with or within the year covered by this return 2a	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		4a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR).			
5a			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	F	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	····· ⊢	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services prov	vided to the navor?	7a		X
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require		10		
Ŭ	to file Form 8282?		7c		X
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d		10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7e 7f		X
f					- 23
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		7g 7h		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		0		
~	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	F	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	·····	9b		
0	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
^ -	amounts due or received from them.)		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	H	12-		
a	Is the organization licensed to issue qualified health plans in more than one state?	·····	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	·····	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				.
	excess parachute payment(s) during the year?	·····	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				_
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	?	16		X
	If "Yes," complete Form 4720, Schedule O.				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
7					
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	L	17		

Form 990	(2021)
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Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

36-3567366 Page 6

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.

			Yes	
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a12	-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		00	х	
	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
-		do	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
200	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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 onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	Own website Another's website X 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, an	d finan	cial	
	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 \blacktriangleright			
	COLLEEN MORIARTY - 651-486-9860			
	555 PARK STREET, STE 400, ST PAUL, MN 55103			

X

Form	aan	(2021)
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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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 Т

(A)	(B)	l		(0	C)			(D)	(E)	(F)
Name and title	Average hours per		Position (do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week		, unies cer an					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	æ			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		96	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional) ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) COLLEEN MORIARTY	40.00	_	-		-					
EXECUTIVE DIRECTOR				x				142,800.	0.	21,070.
(2) KARLA DROSS	40.00									
DIRECTOR OF FINANCE				х				96,881.	0.	7,940.
(3) KIRSTIE FOSTER	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) LYDIA BJORGE	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) RYAN CARRIGAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) HEATHER ALDEN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) LEYLA BARI	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JALILIA ABDUL-BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DR. NEIL BRATNEY	1.00									
DIRECTOR	1 00	х						0.	0.	0.
(10) JODIE DVORKIN	1.00									
DIRECTOR	1 00	х						0.	0.	0.
(11) STEVEN KRIKAVA	1.00								•	
DIRECTOR	1 0 0	Х						0.	0.	0.
(12) CINDY MILLER	1.00	77							0	
DIRECTOR	1 00	Х						0.	0.	0.
(13) MARY MITCHELL	1.00	v						0.	0.	
DIRECTOR	1 00	Х						0.	0.	0.
(14) ERIN MAYE QUADE DIRECTOR	1.00	x						0.	0.	0.
(15) JULIE ROBEY	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(16) SCOTT VAN DAELE	1.00							0.	0.	<u>U •</u>
DIRECTOR	1.00	x						0.	0.	0.
							-			<u> </u>
	1		1				1	1		Earm 990 (2021)

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Form 990 (2021)

	<u>990 (2021) HUNGER SC</u>	DLUTIONS	M	IIN	NE	SO	TA			36-35	<u>673</u>	66	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	loy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	verage Position (do not check more than one box, unless person is both an				than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		frc orga and	pensat om the anization relate nization	e on ed
											_			
											_			
	Quidata da l								239,681.		0.		9,01	
С	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 239,681.		0.		9,01	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	ceived more than \$100,0	000 of reportable			Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual								·····	[3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual			4	x	
	rendered to the organization? If "Yes," com tion B. Independent Contractors											5		X
1	Complete this table for your five highest con the organization. Report compensation for t										ensatio	on froi	m	
	(A) Name and business			ONE					(B) Description of s		Cc	(C) ompen		1
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	l to I	thos (ted	above) who received mo	pre than				
											-	- C		

132008 12-09-21

Pa	rt V	/111								_
			Check if Schedule O c	contains a re	sponse	or note to any lin	e in this Part VIII (A)	(B)	(C)	D
							Total revenue	Related or exempt	Unrelated	Revenue excluded
							rotarrovondo	function revenue	business revenue	from tax under
	<u> </u>									sections 512 - 514
nts Its	1	а	Federated campaigns		a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		b					
ة ن م		с	Fundraising events	1	с					
ar /		d	Related organizations		d					
ي ان		е	Government grants (contri	ibutions) 1	e 3,	733,258.				
ŝ			All other contributions, gifts,							
her			similar amounts not included		f	798,685.				
ĢĒ		~	Noncash contributions included in I		g \$					
u o u		g h					4,531,943.			
0 0		n	Total. Add lines 1a-1f			Business Code	<u>+,JJ</u> +,J+J•			
								650 045		
ce	2	а	CONTRACTS			900099	659,945.	659,945.		
Program Service Revenue		b								
S, C		С								
ev a		d								
- Be		е								
Ţ,		f	All other program service	revenue						
			Total. Add lines 2a-2f				659,945.			
	3		Investment income (includ							
			other similar amounts)	-			27,074.			27,074.
	4		Income from investment o							
	5					•				
	5		Royalties		Real	(ii) Personal				
			a		icai	(ii) i eisonai				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss)			🕨				
	7	а	Gross amount from sales of		urities	(ii) Other				
			assets other than inventory	_{7a} 148,	<u>540.</u>					
		b	Less: cost or other basis							
e			and sales expenses	7ь116,	816.					
eni		с	Gain or (loss)	7c 31,	724.					
Revenue			Net gain or (loss)				31,724.			31,724.
			Gross income from fundraisir							
Other	Ŭ	ч								
0			contributions reported on							
				-						
		_	Part IV, line 18			1				
			Less: direct expenses							
			Net income or (loss) from			<u> </u>				
	9	а	Gross income from gamin							
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		с	Net income or (loss) from	gaming activ	ities	►				
			Gross sales of inventory, l							
			and allowances		10a	a				
		þ	Less: cost of goods sold							
			Net income or (loss) from :		···· —					
		U				Business Code				
ns		-	MISCELLANEOUS		TF	624210	41,538.			41,538.
eor	11					024210	±1,000.			<u>+</u> +,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
lan		b								
scellaneo Revenue		С								
Miscellaneous Revenue	1	d	All other revenue							
_		е	Total. Add lines 11a-11d		<u></u>		41,538.			
	12		Total revenue. See instruction	ons		►	5,292,224.	659,945.	0.	
13200	9 12-	-09-	21							Form 990 (2021)

Form 990 (2021)

10

Page **9**

36-3567366

Form 990 (2021)

HUNGER SOLUTIONS MINNESOTA 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 **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 2,840,580. 2,840,580. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 223,592. 223,592. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 268,691. 214,952. 53,739. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 588,888. 528,956. 21,541. 38,391. Other salaries and wages 7 8 Pension plan accruals and contributions (include 28,372. 8,334. 19,271. 767. section 401(k) and 403(b) employer contributions) 40,892. 3,077. 3,751. 34,064. Other employee benefits 9 65,300. 56,842. 5,479. 2,979. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 15,000. 26,051. 41,051. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 8,213. 8,213. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 9,049. 396,406. 387,357. column (A), amount, list line 11g expenses on Sch 0.) 30,588. 26,990. 3,098. 500. Advertising and promotion 12 152,618. 113,740. 33,215. 5,663. Office expenses 13 Information technology 14 15 Royalties 75,350. 75,350. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22,513. 22,513. Depreciation, depletion, and amortization 22 5,969. 5,969. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 2,500. 2,500. SPECIAL PROJECTS а b С d All other expenses е 4,791,523. 4,450,407. 286,565. 54,551. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

11

132010 12-09-21

Check here if following SOP 98-2 (ASC 958-720)

2021.05000 HUNGER SOLUTIONS MINNESOT 053-0221

Form 990 (2021)

19351111 131839 053-02294600

33

Total liabilities and net assets/fund balances

2,843,180.

33

2,994,123.

Form 990 (2021)

Form 990 (2021)	HUNGER	SOLUTIONS	MINNESOTA
Part X	Ba	lance Sheet			

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

(A) (B) Beginning of year End of year 1,327,502. 725,016. 1 1 Cash - non-interest-bearing 91,312. 786,391. 2 Savings and temporary cash investments 2 164,201. 27,903. Pledges and grants receivable, net 3 3 104,119. 320,961. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 21,063. 5 12,092. controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 110,055. 36,358. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 116,811. basis. Complete Part VI of Schedule D _____ 10a 101,059. 38,265. 15,752. b Less: accumulated depreciation 10b 10c 1,069,650. 986,663. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 2,994,123. 2,843,180. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 319<u>,110</u>. 235,748. Accounts payable and accrued expenses 17 17 18 18 Grants payable 354,327. 25,837. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 171,428. 303,607. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 25 893,682. 516,375. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here \blacktriangleright \overline{X} Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,894,498. 2,264,060. 27 27 Net assets without donor restrictions 55,000. Net assets with donor restrictions 213,688. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,949,498. 2,477,748. Total net assets or fund balances 32 32

Form	HUNGER SOLUTIONS MINNESOTA	36-	3567366	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,292		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,791		
3	Revenue less expenses. Subtract line 2 from line 1	3),7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,949		
5	Net unrealized gains (losses) on investments	5	21	7,5	<u>49.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,47	7,7	<u>48.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit		
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

Part I

1

2

3

4

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6

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9

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X 7

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

The organization is not a private foundation

lue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
he organizati	on	Employer	identification num
	HUNGER SOLUTIONS MINNESOTA		6-3567366
Reason	for Public Charity Status. (All organizations must complete this part.) See instruction	S.	
ization is not a	private foundation because it is: (For lines 1 through 12, check only one box.)		
A church, cor	nvention of churches, or association of churches described in section 170(b)(1)(A)(i).		
A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)		
A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
A medical res	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and state	e:		
An organizati	on operated for the benefit of a college or university owned or operated by a governmental u	nit describe	d in
section 170	b)(1)(A)(iv). (Complete Part II.)		
A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).		
An organizati	on that normally receives a substantial part of its support from a governmental unit or from th	ne general p	oublic described in
section 170(I	b)(1)(A)(vi). (Complete Part II.)		
A community	trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
An agricultura	al research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	land-grant of	college
or university of	or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	the college	or
university:			
An organizati	on that normally receives (1) more than 33 1/3% of its support from contributions, membersh	ip fees, and	l gross receipts from
activities relat	ted to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of it	s support fr	om gross investmen
income and u	nrelated business taxable income (less section 511 tax) from businesses acquired by the org	anization a	fter June 30, 1975.
See section	5 09(a)(2). (Complete Part III.)		
An organizati	an arganized and anaroted evolucively to test for public sofety. See. section EQQ(a)(4)		

- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - а 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.
 - Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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.

- 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.
- Enter the number of supported organizations f

g Provide the following information about the supported organization(s).									
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other			
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)			
		above (see instructions))	100	110					
Total									

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.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	794,619.	586,790.	3242716.	12977643.	4531943.	22133711.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 3	794,619.	586,790.	3242716.	12977643.	4531943.	22133711.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4.						22133711.	
Sec	ction B. Total Support					1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	794,619.	586,790.	3242716.	12977643.	4531943.	22133711.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	78,390.	27,283.	24,803.	23,203.	27,074.	180,753.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						22314464.	
12	Gross receipts from related activities,		,			12		
13	First 5 years. If the Form 990 is for the	-	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop							
	ction C. Computation of Publi						00.10	
	Public support percentage for 2021 (I		-			14	<u>99.19 %</u>	
	Public support percentage from 2020					15	98.92 %	
16a	33 1/3% support test - 2021. If the o						N V	
_	stop here. The organization qualifies		-					
b	33 1/3% support test - 2020. If the o							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact			-	-	VI how the organiz	zation	
	meets the facts-and-circumstances te	-			-			
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets th						. —	
	organization meets the facts-and-circu				•••••			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar			
						Schedule A	(Form 990) 2021	

Schedule A		 SOLUTIONS	
			l 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
~	the organization without charge					-	
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.) Ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		nization,
0.0	check this box and stop here			<u></u>			
	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20 Investment income percentage from			line 13, column (f))		17 18	<u>%</u> %
19a	33 1/3% support tests - 2021. If the	organization did r				33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	
13202	23 01-04-22					Sched	lule A (Form 990) 2021
			16	5			

2021.05000 HUNGER SOLUTIONS MINNESOT 053-0221

1

Yes No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

132024 01-04-21

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

HUNGER SOLUTIONS MINNESOTA Schedule A (Form 990) 2021

1

2

1

Yes No

Yes No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	i in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1		he 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,	L
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	l
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	l
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Ļ
2	Did the organization operate for the benefit of any supported organization other than the supported	l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such honofit corriad out the surpasse of the supported experience() that experted	L

oviding such benefit carried out the purposes of the supported organization(s) that operated. or controlled the supporting organization

SUDEIVI	seu. Di Cui	illolleu li le supi	oorting organization.	
Section C.	. Týpe II	Supporting	Organizations	

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

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

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18

2021.05000 HUNGER SOLUTIONS MINNESOT 053-0221

Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short term capital gain 1 2 Recoveries of prioryear distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short axy ear or assets hald for part of year): a a Average monthly value of securities 1a b Average monthly value of securities assets 1c c Fair market value of other non-exempt-use assets 1c d Total (add lines 11, D, and 1c) 1d c Subtract line 2 from line 1d. 3 3	1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instructions.
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 8 Adguisted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (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): 1a b a Average monthly value of securities 1a b c b Average monthly value of securities 1a c d d Total (add lines 1a, 1b, and 1c) 1d c e d c Acquistion indebtedness applicable to non-exempt-use assets 2 a a 3 Subtract line 2 from line 1d. 3 a d d c Acquistion indebtedness applicable to non-exempt-use assets 2	Sect				
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 manatenace of property held for production of income (see instructions) 6 7 Other expenses (see instructions) for antigement, conservation, or manatenace of property held for production of income (see instructions) for the expenses (see instructions) for antigement of 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): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 form line 1d. 3 4 Ca	1	Net short-term capital gain	1		
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 8 Adgusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities a Average monthly value of securities 1b C Fair market value of other non-exempt use assets b Average monthly value blances 1b C Fair market value of other non-exempt use assets 1c c Fair market value of other non-exempt use assets 1c 1d Prior Year e Discourt claimed for blockage or other factors 1a 2 2 c. Fair market value of onon-exempt use assets 2 3 3 3 4 2 Acquisition indebtadness applicable to non-ex	2	Recoveries of prior-year distributions	2		
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) 6 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly value of other non-exempt-use assets 1c c Catal (add lines 1a, 1b, and 1c) 1d 1d e Discount claimed for blockage or other factors (explain in detal in Part VI): 2 Acquisition indetal detedended for exempt-use assets 2 Acquisition indetedendend for to exempt-use assets (subtract line 4 from line 3) 5 6 4 Cash deemed held for exempt-use assets (subtract line 4 from line 3) 5 6 5 Mitingly line 5 by 0.035. 7 7 6 Mitingly line 5 by 0.035. 6 7	3	Other gross income (see instructions)	3		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (axplain in defail in Part VI): 2acquisition indebtedness applicable to non-exempt-use assets 2 Accusistion indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. 3 4 4 Gese instructions) 5 6 6 Minimum Asset Amount (add line 7 to line 6) 8 8 Minimum Asset sets (subtract line 4 from line 3)	4	Add lines 1 through 3.	4		
collection of gross income or for management, conservation, or 6 7 Other expenses (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (axplain in detail in Part VI): 2 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 Reacoverise of prior-year	5	Depreciation and depletion	5		
maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a (A) Prior Year a Average monthly cash balances 1b (C) Current Year c Fair market value of securities 1a (C) Current Year a Average monthly cash balances 1b (C) Current Year c Fair market value of other non-exempt-use assets 1c C d Total (add lines 1a, 1b, and 1c) 1d (C) Current Year e Discount claimed for blockage or other factors (explain in detail in Part VI): (E) Acquisition indebtedines sapplicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 (C) Current Year (C) Current Year 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 (C) Current Year 5 Net value of	6	Portion of operating expenses paid or incurred for production or			
7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 2 3 Subtract line 2 from line 1d. 3 3 2 2 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 6 6 Multiply line 5 by 0.035. 6 6 2 2 2 7 Recoverise of prior-year distributons 7		collection of gross income or for management, conservation, or			
7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 2 3 Subtract line 2 from line 1d. 3 3 2 2 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 6 6 Multiply line 5 by 0.035. 6 6 2 2 2 7 Recoverise of prior-year distributons 7		maintenance of property held for production of income (see instructions)	6		
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): 1a (A) Prior Year a Average monthly value of securities 1a (A) Prior Year (B) Current Year (optional) a Average monthly value of securities 1a (A) Prior Year (B) Current Year (optional) a Average monthly value of securities 1a (A) Prior Year (B) Current Year (optional) a Average monthly value of securities 1a (A) Prior Year (B) Current Year (optional) a Average monthly value of securities 1a (A) Prior Year (B) Current Year d Total (add lines 1a, 1b, and 1c) 1d (A) Prior Year (A) Prior Year e Discount claimed for blockage or other factors (explain in detail in Part VI): (A) Cadd lines 1a, 1b, and 1c) (A) Prior Year 2 Acquisition indebtedness applicable to non-exempt-use assets 2 (A) Adjustion indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 (A) Prior Year 4 5 Net value of no	7		7		
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): 1a a Average monthly value of securities 1a b Average monthly value of securities 1a c Fair market value of other non-exempt-use assets 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors 1a (explain in detail in Part VI): 1d 1d 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 6 Multiply line 5 by 0.035. 6 6 1 7 Recoveries of prior-year distributions 7 7 8 8 Minimum Asset Amount Gurrent Year 1 2 <td>8</td> <td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td> <td>8</td> <td></td> <td></td>	8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 1d 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 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 2 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 Distributable Amount. Subtract line 5 from line 4, unless subject to 4 </th <td>Sect</td> <td>ion B - Minimum Asset Amount</td> <td></td> <td>(A) Prior Year</td> <td></td>	Sect	ion B - Minimum Asset Amount		(A) Prior Year	
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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 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 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 Distributable Amount. Subtract line 5 from line 4, unless subject to 5			4		
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2Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount. Subtract line 5 from line 4, unless subject to4	Sect				Current Year
2Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount. Subtract line 5 from line 4, unless subject to4	1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5	2		2		
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5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5			4		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
			-		
	-	emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7		nally integrate	d Type III supporting oraa	nization (see

 Schedule A (Form 990) 2021
 HUNGER
 SOLUTIONS
 MINNESOTA

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

instructions).

Schedule A (Form 990) 2021

36-3567366 Page 6

132026 01-04-22

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Schedule A (Form 990) 2021

Section D - Distributions

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

36-3<u>567366 Page 7</u>

Current Year

1	Amounts paid to supported organizations to accomplish exer	1			
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
-	(provide details in Part VI). See instructions.	ie elgamente resperierte		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

<u>Schedule A</u>	(Form 990) 2021		SOLUTIONS		36-3567366 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Prov. , 2, 3b, 3c, 4b, - lines 2 and 3; F	ride the explanation 4c, 5a, 6, 9a, 9b, 9c Part IV, Section E, lir	s required by Part II, line , 11a, 11b, and 11c; Par es 1c, 2a, 2b, 3a, and 3t	10; Part II, line 17a or 17b; Part III, line 12; t IV, Section B, lines 1 and 2; Part IV, Section C, o; Part V, line 1; Part V, Section B, line 1e; Part V, is part for any additional information.
	(
132028 01-04-2	2			21	Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202[.]

Employer identification number

Н	UNGER SOLUTIONS MINNESOTA	36-3567366					
Organization type (check	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

Schedule	В	(Form	990)	(2021)
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Name of organization

Page 2 Employer identification number

36-3567366

HUNGER SOLUTIONS MINNESOTA

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
<u> 1</u>	MINNESOTA HUMANITIES CENTER 987 IVY AVENUE EAST ST. PAUL, MN 55106	\$ <u>349,978.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MINNESOTA DEPARTMENT OF HUMAN SERVICES 345 PLATO BLVD. ST. PAUL, MN 55107	\$3,296,790.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GENERAL MILLS FOUNDATION PO BOX 1113 MINNEAPOLIS, MN 55440	\$250,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

23 2021.05000 HUNGER SOLUTIONS MINNESOT 053-0221

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021) Name of organization

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

123453 11-11-21

19351111 131839 053-02294600

Schedule B (Form 990) (2021)

Page 3

Employer identification number

36-3567366

24

Name of or	rganization			Employer identification number
HUNGEI	R SOLUTIONS MINNESOTA			36-3567366
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a	a) through (e) and the following line e	ntry. For organizations	or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 c	r less for the year. (Enter the	his info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(4	d) Description of how gift is held
-		e) Transfer of g	ift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held
-		e) Transfer of g	ift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
-		e) Transfer of g	ift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship	o of transferor to transferee
Ī			•	
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	((d) Description of how gift is held
		(e) Transfer of g	ft	
F	Transferee's name, address, a	Ind ZIP + 4	Relationship	o of transferor to transferee

25

123454 11-11-21

Schedule B (Form 990) (2021)

Department of the Treasury

Internal Revenue Service

(Form	990)
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Part I

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047 Ĺ **Open to Public** Inspection

Employer identification number

36-3567366

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

Name	of the	organization
Tunno	01 010	organization

HUNGER SOLUTIONS MINNESOTA Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	ie 6.			
		(a) Donor ac	lvised funds	(b) Fund	s and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in		s held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal contr	ol?		🗌 Yes 📃 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing the	t grant funds can be ι	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or fo	or any other purpose o	onferring	
	impermissible private benefit?				Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered	"Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	oly).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historically in	mportant land area
	Protection of natural habitat		Preservation of	a certified hist	oric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation cor	ntribution in the form o		
	day of the tax year.				Held at the End of the Tax Year
а					
b					
	Number of conservation easements on a certified historic structure				
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished,	or terminated by the	organization d	uring the tax
	year ►				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
~	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violation	s, and emorcing conse	ervation easen	ients during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations on	d onforcing consorvati	ion opsomonts	during the year
'	S	ang of violations, an	a enforcing conservation	ion easements	duning the year
8	Does each conservation easement reported on line $2(d)$ above	e satisfy the requirer	nents of section 170/h)(4)(B)(i)	
U	and section 170(h)(4)(B)(ii)?	•			Yes No
9	In Part XIII, describe how the organization reports conservation				
•	balance sheet, and include, if applicable, the text of the footr		-		
	organization's accounting for conservation easements.	iere re une ergamzan			
Par	t III Organizations Maintaining Collections of	f Art, Historical	Treasures, or Otl	her Similar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement ar	nd balance she	eet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, educa	tion, or research in fur	therance of pu	ublic
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these items	S.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and b	alance sheet v	vorks of
	art, historical treasures, or other similar assets held for public	exhibition, educatio	n, or research in furth	erance of publ	ic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
	(ii) Assets included in Form 990, Part X			> \$	
2	If the organization received or held works of art, historical tre			gain, provide	
	the following amounts required to be reported under FASB A	SC 958 relating to th	iese items:		
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		8	Schedule D (Form 990) 202
132051	10-28-21	26			
		26			

Sche		SOLUTIONS N					3	6-35	67366	5 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	orical Tre	easures, o	r Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	following that	: make sigr	nificant us	e of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how th	ney further th	ne organizatio	on's exemp	ot purpose	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hi	storical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne orgar	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	e organizatio	n answered '	'Yes" on F	orm 990,	Part IV,	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for (contribution	s or other ass	sets not ind	cluded				
	on Form 990, Part X?							🗆	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing t	able:							
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for (escrow or cu	ustodial acco	unt liability	/?	X	Yes		No
_	If "Yes," explain the arrangement in Part XIII.									X	
Par	t V Endowment Funds. Complete i	f the organization and									
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (c	d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held ar	nd administer	ed for the	organizat	ion	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	/, line 11a. S	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or of	ther	(b) Cost	t or other	(c) Acc	cumulated	1	(d) Bool	k valu	е
		basis (investr	nent)	basis	(other)	depr	reciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment			11	6,811.	1	01,05	9.	15	5,7	52.
е	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, colun	nn (B), line 1	0c.)				15	5,7	52.
								chedule	D (Form	ı 990)	2021

132052 10-28-21

	Schedule D	(Form 990) 2021	HUNGER	SOLUTIONS	MINNESOTA	
Part VII Investments - Ot			her Securit	ties.		
		Complete if the organi	zation answer	ed "Yes" on Form 90	0 Part IV line 11h	See Form

(a) Description of security or category (including name of security)			
	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(□) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
		(c) Method of Valdation. Cost of en	a-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes	" on Form 990, Part IV, line) Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes (a (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes (a (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) li	i) Description		(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8)	i) Description		(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) li	n) Description		
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	n) Description		
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes	n) Description		
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes . (a) Description of liability (1) Federal income taxes	n) Description		
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes . (a) Description of liability (1) Federal income taxes (2)	n) Description		
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes . (a) Description of liability (1) Federal income taxes (2) (3)	n) Description		
Complete if the organization answered "Yess (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yess . (a) Description of liability (1) Federal income taxes (2) (3) (4)	n) Description		
Complete if the organization answered "Yess (a (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yess . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	n) Description		
Complete if the organization answered "Yes (a) (a) (b) (c)	n) Description		
Complete if the organization answered "Yes (a) (a) (b) (c) (c) <	n) Description		
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	n) Description		
Complete if the organization answered "Yes (a) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	•) Description		
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	•) Description		(b) Book value

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

132053 10-28-21

Schedule D (Form 990) 2021

	dule D (Form 990) 2021 HUNGER SOLUTIONS MINNESOTA				5567566 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,311,560.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	27,549.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	27,549.
3	Subtract line 2e from line 1			3	5,284,011.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,213.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	8,213.
с					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,292,224.
5					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	nents With			n.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With 2a.	Expenses per F		
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With 2a.	Expenses per F	Returi	n.
5 Ра 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With 2a.	Expenses per F	Returi	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With 2a. 2a	Expenses per F	Returi	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents With 2a. 2a 2a 2a	Expenses per F	Returi	n.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Organization and the prior of the prior	2a. 2a 2b 2c	Expenses per F	Returi	n.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2c 2d	Expenses per F	Returi	n. <u>4,783,310.</u> 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	Expenses per F	1	n. 4,783,310.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses per F	1 2e	n. <u>4,783,310.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2a 2b 2c 2d	Expenses per F	1 2e	n. <u>4,783,310.</u> 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2b 2c 2c 2d 2d	Expenses per F	1 2e	n. <u>4,783,310.</u> 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2b 2c 2d 2d 4a 4b 4b	Expenses per F	1 2e	n. <u>4,783,310.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2b 2c 2d 2d 2d	Expenses per F	1 2e 3	n. <u>4,783,310.</u> <u>0.</u> <u>4,783,310.</u>

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:

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE INCOME

TAX LAWS. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION AND CONTRIBUTIONS

TO THE ORGANIZATION QUALIFY AS A CHARITABLE TAX DEDUCTION BY THE DONOR.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND

RECOGNIZE A TAX LIABILITY (OR ASSET) FOR UNCERTAIN POSITIONS THAT MORE

132054 10-28-21

Schedule D (Form 990) 2021 HUNGER SOLUTIONS MINNESOTA	36-3567366 Page 5
Part XIII Supplemental Information (continued)	
LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TH	HE APPLICABLE
TAX AUTHORITIES. FEDERAL AND STATE TAX AUTHORITIES GENERALLY	HAVE THE
RIGHT TO EXAMINE THE CURRENT AND THREE PREVIOUS YEARS OF INCO	OME TAX
RETURNS. THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION	BY ANY TAXING
JURISDICTION	
	Schedule D (Form 990) 2021
	Schedule D (FULIT 990) 2021

19351111 131839 053-02294600

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047			
(Form 990)										
Department of the Treasury	Compi		Attach to For		1 1 v , inte 2 1 01 22.		Open to Public			
Internal Revenue Service		Go to www.in	rs.gov/Form990 fo		nation.		Inspection			
Name of the organization	GER SOLUTIONS M	INNESOTA					Employer identification number 36-3567366			
Part I General Information of	on Grants and Assistance									
1 Does the organization mainta	ain records to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti				
criteria used to award the gra	ants or assistance?						X Yes No			
2 Describe in Part IV the organ										
	sistance to Domestic Organiz more than \$5,000. Part II can				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any			
			· · · · · · · · · · · · · · · · · · ·		(f) Method of					
1 (a) Name and address of org or government	janization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
360 COMMUNITIES										
501 EAST HWY 13 SUITE 112										
BURNSVILLE , MN 55337	41-0987708	501C3	11,008.	0.			HUNGER RELIEF			
ANNANDALE FOOD SHELF										
390 ANNANDALE BLVD										
ANNANDALE, MN 55302	36-3297409	501C3	5,323.	0.			HUNGER RELIEF			
ANOKA COUNTY BROTHERHOOD C FOOD SHELF - 2615 9TH AVE 1										
ANOKA , MN 55303	51-0155191	501C3	17,735.	0.			HUNGER RELIEF			
BEMIDJI COMMUNITY FOOD SHE 1260 EXCHANGE AVENUE SOUTH	EAST									
BEMIDJI , MN 56601	41-1494430	501C3	7,291.	0.			HUNGER RELIEF			
BIG LAKE COMMUNITY FOOD SH 160 LAKE STREET NORTH										
BIG LAKE , MN 55309	41-1820136	501C3	9,268.	0.			HUNGER RELIEF			
BOIS FORTE BAND OF CHIPPEW.										
NETT LAKE , MN 55772	41-0954784		10,155.	0.			HUNGER RELIEF			
2 Enter total number of section2 Enter total number of other a			e line 1 table				$ \underbrace{134.}_{0.} $			
3 Enter total number of other of	organizations listed in the line									

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

Schedule I (Form 990) HUNGER SOLUTIONS MINNESOTA Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						6-3567366 Ра
ssistance to Dor (b) EIN	nestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	vernments (Sche (e) Amount of noncash assistance	dule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
84-2309087	501C3	6,083.	0.			HUNGER RELIEF
41-6160135	501C3	10,635.	0.			HUNGER RELIEF
41-1415484	501C3	12,718.	0.			HUNGER RELIEF
41 0000000	F 0.1 @ 2	10 500				
41-0/05/62	50103	18,508.	υ.			HUNGER RELIEF
41-0903890	501C3	10,361.	0.			HUNGER RELIEF
41-1417198	501C3	16,746.	0.			HUNGER RELIEF
			_			
61-1723716	501C3	14,579.	0.			HUNGER RELIEF
41-0737799	501C3	19,770.	0.			HUNGER RELIEF
41-0990340	50103	17,866.	0.			HUNGER RELIEF
	.ssistance to Don (b) EIN 84-2309087 41-6160135 41-1415484 41-0705762 41-0903890 41-1417198 61-1723716 41-0737799	(b) EIN (c) IRC section	issistance to Domestic Organizations and Domestic Go (b) EIN (c) IRC section if applicable (d) Amount of cash grant 84-2309087 501c3 6,083. 41-6160135 501c3 10,635. 41-1415484 501c3 12,718. 41-0705762 501c3 18,508. 41-0903890 501c3 10,361. 41-1417198 501c3 16,746. 61-1723716 501c3 14,579. 41-0737799 501c3 19,770.	sesistance to Domestic Organizations and Domestic Governments (Schu (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 84-2309087 501c3 6,083. 0. 41-6160135 501c3 10,635. 0. 41-1415484 501c3 12,718. 0. 41-0705762 501c3 10,361. 0. 41-0903890 501c3 16,746. 0. 61-1723716 501c3 19,770. 0.	sistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Pa (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (b) Method of valuation (b) EIN 84-2309087 501c3 6,083. 0. 41-6160135 501c3 10,635. 0. 41-1415484 501c3 12,718. 0. 41-0705762 501c3 18,508. 0. 41-0903890 501c3 16,746. 0. 41-1417198 501c3 14,579. 0. 41-0737799 501c3 19,770. 0.	satisfance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation subation (g) Description of noncash assistance 84-2309087 501C3 6,083. 0.

Schedule I (Form 990) HUNGER SOI Part II Continuation of Grants and Other A			s and Domostic Co	vernmente (Sch	adula I (Form 990) Dr		86-3567366 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTENNIAL COMMUNITY FOOD SHELF 200 CIVIC HEIGHTS CIRCLE PO BOX 8 2IRCLE PINES , MN 55014	45-5579732	501C3	16,336.	0.			HUNGER RELIEF
CHANNEL ONE FOOD SHELF 31 35TH STREET SOUTHEAST ROCHESTER , MN 55904	41-1379713	501C3	56,901.	0.			HUNGER RELIEF
CHILDREN'S DEFENSE FUND MINNESOTA 555 PARK STREET STE 410 SAINT PAUL , MN 55103	52-0895622		35,349.	0.			HUNGER RELIEF
CHRISTIAN CUPBOARD EMERGENCY FOOD SHELF - 8264 4TH STREET N - DAKDALE , MN 55125	36-3298764	501C3	127,293.	0.			HUNGER RELIEF
HURCH OF THE INCARNATION FOOD HELF-MINNEAPOLIS - 3817 PLEASANT VENUE SOUTH - MINNEAPOLIS , MN 55409	41-0760816	501C3	37,793.	0.			HUNGER RELIEF
HURCHES UNITED FOR THE OMELESS-MOORHEAD - 1901 1ST VENUE NORTH - MOORHEAD, MN 56560	41-1594892	501C3	5,175.	0.			HUNGER RELIEF
HURCHES UNITED IN MINISTRY DULUTH 20 NORTH 1ST AVENUE WEST ULUTH , MN 55802	41-1227969	501C3	7,893.	0.			HUNGER RELIEF
COMMUNITY ACTION CENTER OF NORTHFIELD - 1651 JEFFERSON PARKWAY - NORTHFIELD , MN 55057	41-0970984	501C3	76,575.	0.			HUNGER RELIEF
COMMUNITY BRIDGE FOOD SHELF 2400 PARK AVENUE MINNEAPOLIS , MN 55404	46-2308775	501C3	13,204.	0.			HUNGER RELIEF

Schedule I (Form 990) HUNGER SOLUTIONS MINNESOTA

Part II Continuation of Grants and Other	Assistance to Dec		and Domostic Co	warnmanta (Sch	dula I (Earm 990) Ba		00-300/300 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY EMERGENCY							
ERVICES-MINNEAPOLIS - 1900 11TH							
AVENUE SOUTH - MINNEAPOLIS , MN							
5404	41-1728341	501C3	17,430.	0.			HUNGER RELIEF
COMMUNITY PATHWAYS OF STEELE							
COUNTY - 155 OAKDALE ST							
DWATONNA , MN 55060	41-1593592	501C3	13,153.	0.			HUNGER RELIEF
COMUNIDADES LATINAS UNIDAS EN SERVICIO (CLUES) - 797 EAST 7TH							
STREET - ST. PAUL , MN 55106	41-1386986	501C3	32,424.	0.			HUNGER RELIEF
CROSS SERVICES 12915 WEINAND CIRCLE							
ROGERS , MN 55374	41-1314577	501C3	23,862.	0.			HUNGER RELIEF
DEPARTMENT OF INDIAN WORK L671 SUMMIT AVE.							
ST. PAUL, MN 55105	41-0694741	501C3	5,065.	0.			HUNGER RELIEF
DOROTHY DAY FOOD PANTRY 901 1ST AVE N							
100RHEAD , MN 56560	41-1594892	501C3	6,338.	0.			HUNGER RELIEF
EAST GRAND FORKS FOOD SHELF *1715 3RD AVE. NW							
EAST GRAND FORKS , MN 56721	41-1864049	501C3	8,062.	0.			HUNGER RELIEF
CHO FOOD SHELF .014 S FRONT ST							
IANKATO , MN 56001	41-1429214	501C3	31,706.	0.			HUNGER RELIEF
ALLS HUNGER COALITION 000 5TH STREET							
NTERNATIONAL FALLS, MN 56649	36-3602229	501C3	14,401.	Ο.			HUNGER RELIEF

HUNGER SOLUTIONS MINNESOTA Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PATHWAYS							
6413 OAK ST							
NORTH BRANCH , MN 55056	41-1332828	501C3	10,000.	0.			HUNGER RELIEF
FAMILY PATHWAYS CAMBRIDGE FOOD							
SHELF - 6413 OAK ST - NORTH BRANCH							
, MN 55056	41-1332828	501C3	9,204.	0.			HUNGER RELIEF
FAMILY PATHWAYS PINE COMMUNITY							
FOOD SHELF - 6413 OAK ST - NORTH							
BRANCH, MN 55056	41-1332828	501C3	5,347.	0.			HUNGER RELIEF
FAMILY PATHWAYS SANDSTONE FOOD SHELF - 6413 OAK ST - NORTH BRANCH							
<u>, MN 55056</u>	41-1332828	501C3	9,378.	0.			HUNGER RELIEF
FFEN (FOUNDATION FOR ESSENTIAL NEEDS) - 701 N 3RD STREET SUITE 203 - MINNEAPOLIS , MN 55401	27-4342240	501C3	346,000.	0.			SUBGRANTEE FOR TEFAP CONTRACT
FRIENDS FOR LIFE FOOD SHELF 309 LEWIS AVE SOUTH P.O. BOX 824 WATERTOWN , MN 55388	41-1645058	501C3	5,912.	0.			HUNGER RELIEF
FRIENDS IN NEED FOOD SHELF-ST. PAUL PARK – 535 3RD ST. – ST. PAUL PARK , MN 55071	41-1794212	501C3	19,250.	0.			HUNGER RELIEF
GOOD IN THE HOOD							
2101 CHICAGO AVENUE							
MINNEAPOLIS , MN 55404-2815	01-0768296	501C3	44,962.	0.			HUNGER RELIEF
GOOD WORKS FOOD SHELF 697 13TH AVE NE							
MINNEAPOLIS , MN 55413	34-1983933	501C3	5,892.	0.			HUNGER RELIEF

Schedule I (Form 990)

36-3567366

HUNGER SOLUTIONS MINNESOTA Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND RAFIDS FOOD SHELF 2222 CROMELL DRIVE PO BOX 5130	41 1700776	50102	0.500	0			
GRAND RAPIDS , MN 55744	41-1782776	50103	9,590.	0.			HUNGER RELIEF
GROVELAND EMERGENCY FOOD SHELF 1900 NICOLLET AVENUE				_			
MINNEAPOLIS , MN 55403	41-1933266	501C3	24,192.	0.			HUNGER RELIEF
HALLIE Q. BROWN COMMUNITY CENTER 270 N. KENT STREET	41-0693846	50102	7 429	0.			HUNGER RELIEF
ST PAUL , MN 55102	41-0093840	50105	7,429.	0.			HUNGER RELIEF
HAYFIELD COMMUNITY FOOD PANTRY 30 EAST MAIN STREET HAYFIELD , MN 55940	41-1921523	501C3	6,313.	0.			HUNGER RELIEF
HEAVEN'S TABLE FOOD SHELF 909 WINNEBAGO AVE, PO 745 FAIRMONT , MN 56031	45-3075078	501C3	9,880.	0.			HUNGER RELIEF
HENNING COMMUNITY FOOD SHELF 604 2ND ST HENNING, MN 56551	45-5536480	501C3	5,088.	0.			HUNGER RELIEF
HIGH RISE MOBILE FOOD SHELF 554 NORTH 8TH AVENUE MINNEAPOLIS , MN 55411	41-0873798	501C3	14,452.	0.			HUNGER RELIEF
HOPE FOR THE COMMUNITY 1264 109TH AVENUE NORTHEAST BLAINE , MN 55434	46-3680832	50103	63,786.	0.			HUNGER RELIEF
INTERCONGREGATION COMMUNITIES ASSOCIATION-ICA FOOD SHELF - 12990 SAINT DAVIDS ROAD - MINNETONKA ,							
MN 55305	41-0979010	20163	17,837.	0.			HUNGER RELIEF

Schedule I (Form 990)

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Page 1

HUNGER SOLUTIONS MINNESOTA Schedule I (Form 990)

(b) EIN

41-1242052 GOV

47-1965877 501C3

(c) IRC section

if applicable

(d) Amount of

cash grant

(e) Amount of

noncash

assistance

(a) Name and address of

organization or government

LIFEGATE SERVICES

LEECH LAKE BAND OF OJIBWE 190 SAILSTAR DRIVE NW CASS LAKE , MN 56633

1300 10TH AVENUE NORTHEAST ROCHESTER , MN 55906

INTERFAITH OUTREACH & COMMUNITY			(1		
PARTNERS - 1605 COUNTY ROAD 101 N			(1 I		1
- PLYMOUTH , MN 55447	36-3482724 501C3	10,033.	0.	ı		HUNGER RELIEF
				1		
JERICHO ROAD MINISTRIES			1	i		1
1628 EAST 33RD STREET			1	i		1
MINNEAPOLIS , MN 55407	03-0406197 501C3	29,536.	0.	└──── ┤		HUNGER RELIEF
JOYCE UPTOWN FOOD SHELF				1		
3041 FREMONT AVE S			1	i		1
MINNEAPOLIS , MN 55408	46-3081535 501C3	8,986.	0.	i		HUNGER RELIEF
· · ·		· · · · · · · · · · · · · · · · · · ·	(t	1		
KANDIYOHI COUNTY FOOD SHELF			(ı		1
624 PACIFIC AVE SW			1	i		1
WILLMAR , MN 56201	41-1432367 501C3	13,901.	0.	1		HUNGER RELIEF
			1			
KEYSTONE COMMUNITY SERVICES			1	i		1
2000 ST. ANTHONY AVENUE			1	i		1
ST. PAUL , MN 55104	41-0693924 501C3	19,862.	0.	I		HUNGER RELIEF
				1		
LAKE OF THE WOODS FOOD SHELF	1		i	i		1
BOX 928			1	i		1
BAUDETTE, MN 56623	41-0288050 501C3	5,856.	0.	I		HUNGER RELIEF
			(I		1
LAKES AREA FOOD SHELF			1	i		1
PO BOX 724			(ı		1
NISSWA , MN 56468	41-1715784 501C3	13,889.	0.			HUNGER RELIEF
			(1		1

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

(g) Description of

non-cash assistance

(f) Method of

valuation

(book, FMV,

appraisal, other)

Schedule I (Form 990)

HUNGER RELIEF

HUNGER RELIEF

36-3567366 Page 1

(h) Purpose of grant

or assistance

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Schedule I (Form 990) HUNGER SOLUTIONS MINNESOTA

(b) EIN

(a) Name and address of

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

(c) IRC section

(a) Name and address of organization or government	(D) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose of grant or assistance
LOWER SIOUX INDIAN COMMUNITY							
39527 RESERVATION HIGHWAY 1							
MORTON , MN 56270	41-0991683	GOV	15,000.	0.			HUNGER RELIEF
MACC							
414 SOUTH 8TH STREET							
MINNEAPOLIS , MN 55404	41-1959688	501C3	31,581.	0.			HUNGER RELIEF
MANNA FOOD PANTRY INC.							
230 CLARY ST.							
WORTHINGTON, MN 56187	33-1113804	501C3	5,329.	0.			HUNGER RELIEF
MANNA MARKET - LINWOOD COVENANT							
CHURCH - 6565 VIKING BOULEVARD							
NORTHEAST - WYOMING , MN 55092	41-1506326	50102	17,550.	0.			HUNGER RELIEF
MANNA MARKET-TRINITY LUTHERAN	41-1500520	50105	17,550.	0.			HUNGER RELIEF
CHURCH AND SCHOOL - 3812 229TH							
AVENUE NORTHWEST - SAINT FRANCIS ,	41 100000	F 0 1 0 2	10 500	0.			
<u>MN 55070</u>	41-1260868	50103	12,500.	0.			HUNGER RELIEF
MCLEOD EMERGENCY FOOD SHELF							
808 E 12TH STREET							
GLENCOE , MN 55336	47-1470696	501C3	9,670.	٥.			HUNGER RELIEF
MENAHGA FOOD SHELF							
120 1ST ST NE							
MENAHGA , MN 56464	85-1113705	501C3	10,793.	0.			HUNGER RELIEF
,			, ,				
MERRICK COMMUNITY SERVICES							
1669 ARCADE STREET STE 4							
SAINT PAUL , MN 55106	41-0693851	501C3	13,269.	٥.			HUNGER RELIEF
MILACA AREA PANTRY							
120 2ND AVENUE SOUTHWEST							
MILACA , MN 56353	41-1628297	50103	5,685.	0.			HUNGER RELIEF
			5,005.	••	I	1	Sebedule L (Form 900)

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

Schedule I (Form 990)

36-3567366 Page 1

(h) Purpose of grant

HUNGER SOLUTIONS MINNESOTA Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNEAPOLIS CENTRAL CHURCH OF CHRIST - 1922 NORTH 4TH AVENUE - MINNEAPOLIS , MN 55405	41-1661528	50103	7,760.	0.			HUNGER RELIEF
MINNEAROHIS, MN 55455 MINNEHAHA UMC FOOD SHELF 3701 E 50TH STREET MINNEAPOLIS , MN 55417	41-0789393		5,227.	0.			HUNGER RELIEF
MONTICELLO HELP CENTER PO BOX 1220 MONTICELLO , MN 55362	41-1668149		14,138.	0.			HUNGER RELIEF
MORRISON COUNTY FOOD SHELF 912 FIRST AVENUE SW LITTLE FALLS , MN 56345	41-1678333		6,717.	0.			HUNGER RELIEF
MOTLEY AREA FOOD SHELF 697 3RD AVENUE SOUTH MOTLEY , MN 56466	41-1824330	501C3	10,580.	0.			HUNGER RELIEF
NEIGHBORHOOD HOUSE 179 ROBIE ST ST PAUL , MN 55107	41-0693916	501C3	28,016.	0.			HUNGER RELIEF
NEIGHBORS INC. 222 GRAND AVE W SOUTH ST PAUL , MN 55075	41-1360294	501C3	12,001.	0.			HUNGER RELIEF
NEW CREATION BAPTIST CHURCH (NCBC FOOD SHELF) - 1414 EAST 48TH STREET - MINNEAPOLIS , MN 55417	41-2018782	501C3	9,044.	0.			HUNGER RELIEF
NEW CREATIONS MINISTRIES COGIC 5144 13TH AVE S MINNEAPOLIS , MN 55417	42-1637667	501C3	10,000.	0.			HUNGER RELIEF

HUNGER SOLUTIONS MINNESOTA

Schedule I (Form 990) HUNGER SOI					/=		86-3567366 Раз
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dor (b) EIN	nestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	vernments (Sche (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH ANOKA COUNTY EMERGENCY FOOD SHELF (NACE) - 18511 MINNESOTA 65 - EAST BETHEL , MN 55011	31-1673282	501C3	19,341.	0.			HUNGER RELIEF
ORTHPOINT HEALTH AND WELLNESS ENTER - 1256 NORTH PENN AVENUE SUITE 5300 - MINNEAPOLIS , MN	20.0000277	50103					
25411 PEACE CENTER 313 N. COLUMBUS AVE	20-0898277	501C3	13,067.	0.			HUNGER RELIEF
NEW PRAGUE , MN 56071	41-1456579	501C3	6,947.	0.			HUNGER RELIEF
PELICAN RAPIDS COMMUNITY FOOD SHELF – 28 WEST MILL – PELICAN RAPIDS , MN 56572	41-1591403	501C3	7,696.	0.			HUNGER RELIEF
PEOPLE REACHING OUT TO PEOPLE (PROP) - 14700 MARTIN DRIVE - EDEN PRAIRIE , MN 55345	41-1430172	501C3	10,636.	0.			HUNGER RELIEF
PILLSBURY UNITED COMMUNITIES - BRIAN COYLE - 420 15TH AVENUE SOUTH - MINNEAPOLIS , MN 55454	41-0916478	501C3	6,734.	0.			HUNGER RELIEF
PILLSBURY UNITED COMMUNITIES - MAITE HOUSE - 125 WEST BROADWAY AVENUE N STE 130 - MINNEAPOLIS , IN 55411	41-0916478		6,545.	0.			HUNGER RELIEF
PIPESTONE COUNTY AREA FOOD SHELF 223 2ND STREET NW PIPESTONE , MN 56164	55-0888466		10,643.	0.			HUNGER RELIEF
PRISM MARKETPLACE FOOD SHELF 220 ZANE AVENUE NORTH GOLDEN VALLEY / MN 55422	41-1442049		14,810.	0.			HUNGER RELIEF

Schedule I (Form 990) HUNGER SOLUTIONS MINNESOTA

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

132241 11-18-21

Schedule I (Form 99	90)
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT SHARE OF WADENA 205 ALDRICH AVENUE SOUTHEAST WADENA, MN 56482	36-3470609	501C3	5,422.	0.			HUNGER RELIEF
, QUAD CITY FOOD SHELF AEOA 702 3RD AVENUE SOUTH VIRGINIA , MN 55792-2776	41-6052144		18,795.	0.			HUNGER RELIEF
RALPH REEDER FOOD SHELF 2544 MOUNDS VIEW BOULEVARD MOUNDS VIEW , MN 55112	41-6008084	GOV	13,994.	0.			HUNGER RELIEF
ROCK COUNTY FOOD SHELF PO BOX 897 LUVERNE, MN 56156	81-1047461	501C3	5,079.	0.			HUNGER RELIEF
RUSH CITY FOOD SHELF 720 WEST 14TH STREET RUSH CITY, MN 55069	27-3199815	501C3	5,115.	0.			HUNGER RELIEF
SABATHANI COMMUNITY CENTER FOOD SHELF – 310 EAST 38TH STREET – MINNEAPOLIS , MN 55409	41-0984859	501C3	8,301.	0.			HUNGER RELIEF
SALVATION ARMY ANOKA COUNTY 2445 PRIOR AVENUE NORTH ROSEVILLE , MN 55113	36-2167910	501C3	6,725.	0.			HUNGER RELIEF
SALVATION ARMY AUSTIN 409 1ST AVE NE AUSTIN , MN 55912	36-2167910	501C3	6,164.	0.			HUNGER RELIEF
SALVATION ARMY CLOQUET 316 CARLTON AVENUE CLOQUET , MN 55720	36-2167910	501C3	7,814.	0.			HUNGER RELIEF

36-3567366 Page 1

Schedule I (Form 990) HUNGER SOLUTIONS MINNESOTA Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

132241 11-18-21

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY EAST ST. PAUL 2445 PRIOR AVENUE NORTH ROSEVILLE , MN 55113	36-2167910	501C3	13,571.	0.			HUNGER RELIEF
SALVATION ARMY HIBBING 107 W. HOWARD STREET HIBBING , MN 55746	36-2167910	501C3	18,282.	0.			HUNGER RELIEF
SALVATION ARMY SOUTH MINNEAPOLIS OFFICE - 53 GLENWOOD AVE - MINNEAPOLIS , MN 55403	36-2167910	501C3	12,794.	0.			HUNGER RELIEF
SALVATION ARMY WEST 7TH-ST. PAUL 401 W. 7TH STREET ST. PAUL , MN 55102	36-2167910	501C3	43,756.	0.			HUNGER RELIEF
SCA ORG (SHAKOPEE COMMUNITY ASSISTANCE) - 119 8TH AVENUE WEST - SHAKOPEE , MN 55379	41-1393240	501C3	5,770.	0.			HUNGER RELIEF
SECOND HARVEST HEARTLAND 7101 WINNETKA AVENUE NORTH BROOKLYN PARK , MN 55428	23-7417654	501C3	10,625.	0.			HUNGER RELIEF
SECOND HARVEST NORTHERN LAKES FOOD BANK-HERMANTOWN AREA FOOD SHELF - 4503 AIRPARK BLVD - DULUTH , MN 55811	36-3479964	501C3	6,916.	0.			HUNGER RELIEF
SIBLEY COUNTY FOODSHARE BOX 676 GAYLORD , MN 55334	41-1442943	501C3	21,889.	0.			HUNGER RELIEF
SOCIETY OF ST. VINCENT DE PAUL PANTRY – 617 3RD AVE NW – FARIBAULT , MN 55021	32-0310950	501C3	6,622.	0.			HUNGER RELIEF

HUNGER SOLUTIONS MINNESOTA

Schedule I (Form 990) HUNGER SO							6-3567366 Pag
Part II Continuation of Grants and Other	Assistance to Dou	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOURCE MN 2609 STEVENS AVENUE							
AINNEAPOLIS , MN 55408	41-1588666	50103	10,235.	0.			HUNGER RELIEF
SOUTHERN ANOKA COMMUNITY				••			
ASSISTANCE INC 627 38TH AVENUE							
NORTHEAST - COLUMBIA HTS , MN							
55421-3806	41-1272131	501C3	24,859.	0.			HUNGER RELIEF
ST. LOUIS PARK EMERGENCY PROGRAM							
(STEP) - 6812 WEST LAKE STREET -							
ST LOUIS PARK , MN 55426	51-0188692	501C3	6,026.	0.			HUNGER RELIEF
ST. PETER AREA FOOD SHELF							
201B S THIRD STREET	41-1761515	50103	0.215	0.			HUNGER RELIEF
ST PETER , MN 56082	41-1/01515	50103	9,315.	0.			HUNGER RELIEF
STRANDQUIST AREA FOOD SHELF							
403 LINCOLN STREET							
STRANDQUIST , MN 56758	41-1737565	501C3	5,835.	0.			HUNGER RELIEF
- ,			, -	-			
THE CAMDEN PROMISE							
4656 NORTH COLFAX AVENUE							
IINNEAPOLIS , MN 55412	36-4685968	501C3	50,975.	0.			HUNGER RELIEF
THE FOOD GROUP							
3501 54TH AVE NORTH				_			
IEW HOPE , MN 55428	41-1246504	501C3	65,000.	0.			HUNGER RELIEF
THE OPEN DOOR							
3910 RAHN ROAD							
EAGAN , MN 55122	27-0415900	501C3	80,511.	0.			HUNGER RELIEF
	2. 0110000			••			
THE SANNEH FOUNDATION							
L276 UNIVERSITY AVE W							
SAINT PAUL , MN 55114	56-2332269	501C3	6,695.	0.			HUNGER RELIEF

HUNGER SOLUTIONS MINNESOTA Schedule I (Form 990) HUNGER SOLUTIONS MINNESOTA

36-3567366

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VINEYARD CHURCH-FRUIT OF THE							
VINE FOOD SHELF - 1533 WEST							
ARROWHEAD ROAD - DULUTH , MN 55811	41-1680001	501C3	8,424.	0.			HUNGER RELIEF
THIEF RIVER FALLS AREA FOOD SHELF							
16330 150TH STREET NORTHEAST							
THIEF RIVER FALLS , MN 56701	41-1744242	501C3	14,350.	0.			HUNGER RELIEF
TWO HARBORS AREA FOOD SHELF							
2124 10TH ST PO BOX 601							
TWO HARBORS , MN 55616	47-1321541	501C3	7,336.	0.			HUNGER RELIEF
			.,				
VALLEY OUTREACH - STILLWATER							
5898 OMAHA AVE.							
STILLWATER , MN 55043	41-1452973	501C3	17,284.	0.			HUNGER RELIEF
			,	-			
VEAP, INC.							
9600 ALDRICH AVENUE SOUTH							
BLOOMINGTON , MN 55420	41-6175999	501C3	41,331.	0.			HUNGER RELIEF
			,	-			
VERNDALE AREA FOOD SHELF							
402 NORTHEAST CLARK DRIVE							
VERNDALE , MN 56481	42-1696989	501C3	5,969.	0.			HUNGER RELIEF
VINEYARD COMMUNITY SERVICES-FRUIT							
OF THE VINE FOOD SHELF - 1280							
ARCADE STREET - SAINT PAUL , MN							
55106	46-1443346	501C3	9,883.	0.			HUNGER RELIEF
			, ,	-			
WACONIA UNITED FOOD SHELF							
11 S ELM ST							
WACONIA , MN 55387	47-1667774	501C3	17,994.	0.			HUNGER RELIEF
			, ,	-			
WATONWAN COUNTY FOOD SHELF							
113 7TH STREET SOUTH							
SAINT JAMES , MN 56081	41-1446978	501C3	6,991.	0.			HUNGER RELIEF

HUNGER SOLUTIONS MINNESOTA

chedule I (Form 990) HUNGER SOI				1 (0-1)			86-3567366 Pa
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section (c) IRC section if applicable	(d) Amount of cash grant	vernments (Scho (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VEST AFRICAN FAMILY & COMMUNITY SERVICES - BROOKLYN UNITED METHODIST CHURCH 7200 BROOKLYN SLVD - BROOKLYN CENTER , MN 55429	82-2337036	501C3	20,417.	0.			HUNGER RELIEF
NESTONKA FOOD SHELF 1443 COMMERCE BOULEVARD NOUND , MN 55364	41-1446978	501C3	14,425.	0.			HUNGER RELIEF
THITE BEAR AREA EMERGENCY FOOD SHELF – 1884 WHITAKER AVE – WHITE SEAR LAKE , MN 55110	41-1459604	501C3	25,357.	0.			HUNGER RELIEF
VINONA VOLUNTEER SERVICES SUPPLEMENTAL FOOD SHELF, 402 EAST S VINONA , MN 55987	23-7376207	501C3	5,938.	0.			HUNGER RELIEF
COUTHPRISE 1001 BROADWAY STREET NORTHEAST STE 11NNEAPOLIS , MN 55413	27-4126970	501C3	34,000.	0.			HUNGER RELIEF

Schedule I (Form 990) 2021

36-3567366

Page 2

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.

(b) Number of recipients (c) Amount of cash grant		(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
17632	223,592.	0.	N/A		
	recipients	recipients cash grant	recipients cash grant cash assistance		

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:

GRANTS ARE MONITORED THROUGH FEDERAL AND STATE GOVERNMENT AGREEMENTS

SC	HEDULE J Compensation Information	I	OMB No. 1	545-004	47
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00	~ 4	
(Compensated Employees		20	21	
	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
-		mployer id	entificatio	on nur	nber
	HUNGER SOLUTIONS MINNESOTA	36-35	56736	6	
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	0,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal	luse			
	Travel for companions Payments for business use of personal reside	ence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, o	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		. 1b		
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?		. 2		
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.				
	Compensation committee Written employment contract				
	Independent compensation consultant				
	Form 990 of other organizations	nmittee			
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:				37
a	Receive a severance payment or change-of-control payment?		. <u>4a</u>		X X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?				X
С	Participate in or receive payment from an equity-based compensation arrangement?		. <u>4c</u>		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only solution $F(1/2)(2)$, $F(1/2)(4)$, and $F(1/2)(20)$ examinations must complete lines $F(0)$				
5	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				
9	contingent on the revenues of: The organization?		5a		x
	The organization? Any related organization?				X
5	If "Yes" on line 5a or 5b, describe in Part III.		55		
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:				
а	The organization?		6a		x
	Any related organization?				X
	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		7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
			. 8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?		9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021

36-3567366

Page 2

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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) COLLEEN MORIARTY	(i)	132,800.	10,000.	0.	6,318.	14,752.	163,870.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
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	(i)							
	<u>(ii)</u>							
	(i)							
	<u>(ii)</u> (i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L		Tra	insactior	ns W	/ith	Inte	erested	Per	sons			ОМ	B No. 1	545-00	47
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.								2021 Open To Public Inspection						
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 														
								ployer	identif	•		mber			
Ū.	HUNGEF	so:	LUTIONS	MINI	NESC	ОТА						6736			
Part I Excess	Benefit Tran	sacti	ons (section 50	01(c)(3)), secti	ion 501	(c)(4), and sec	ction 50	1(c)(29) orga	anizatio	ons on	ly).			
Complete i	f the organization		vered "Yes" on I				ne 25a or 25b	, or For	m 990-EZ, F	Part V,	line 40	b.			
1 (a) Name of disqual	ified person	(b) F	Relationship bety person and or			ified	(0	c) Descr	iption of tra	nsactio	on		(d) Ye		No
2 Enter the amount of	of tax incurred b	y the o	rganization man	agers	or disq	Jualified	persons duri	ing the y	/ear under						
section 4958 3 Enter the amount c			above, reimburs								► \$ ► \$				
Part II Loans to	o and/or Fro	m Int	erested Pers	sons.											
	-		vered "Yes" on I			, Part V	, line 38a or F	Form 99	0, Part IV, lir	ne 26;	or if th	e organ	izatio	n	
			, Part X, line 5, 6	1		(-)	Ovisiaal	(0.5) I.e.	(h) App	roved	(1) \A	/ritton
	(a) Name of (b) Relativity (b) Relativity (c)						(e) Original (f) Balance du principal amount		llance due			by board or committee? (i) Written agreement?			
				То	From					Yes		Yes	No	Yes	
COLLEEN MORI	ARTEXECU	JTIV	ADVANCE		Х		0.	1	2,092.		X		Х		X
															+
															-
															+
									0 000						
Total Part III Grants o	or Δssistanc	o Ron	efiting Inter	astar	l Por	sons	🕨 \$	1	2,092.						
			vered "Yes" on I				ne 27.								
(a) Name of intere	-		(b) Relationship interested pers the organiza	betwe	en	(c) Amount of assistance		(d) Type assistar			• • •	Purpo ssista		f
LHA For Paperwork R	eduction Act N	lotice.	see the Instruc	tions f	or For	m 990	or 990-EZ.				Sche	dule L	(Forn	n 990) 202 1

132131 11-02-21

36-3567366 Pa

(Form 990) 2021 H	IUNGER	SOLUTIONS	MINNESOTA
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	

Part V Supplemental Information.

Schedule L

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

- (A) NAME OF PERSON: COLLEEN MORIARTY
- (B) RELATIONSHIP WITH ORGANIZATION: EXECUTIVE DIRECTOR

(C) PURPOSE OF LOAN: ADVANCE

(D) SUBSEQUENT TO 12/31/21, LOAN HAS BEEN REPAID IN FULL

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

Copen to Public Inspection

36-3567366

OMB No. 1545-0047

HUNGER SOLUTIONS MINNESOTA

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 1, DESCRIPTION OF ORGANIZATION MISSION:

GUIDING GRASSROOTS ADVOCACY.

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

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP): 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 2021, HUNGER SOLUTIONS

MINNESOTA DISTRIBUTED OVER 17 MILLION POUNDS OF FOOD TO FOOD SHELVES

AND ON-SITE MEAL PROGRAMS ACROSS MINNESOTA VIA TEFAP.

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

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 2021, THE MINNESOTA FOOD HELPLINE RECEIVED 12,546 CALLS TO THE

HELPLINE. OF THOSE, OVER 1,372 CALLERS WERE SCREENED FOR SNAP. THE

REMAINING CALLS WERE GIVEN INFORMATION ON OTHER RESOURCES OR PROGRAMS

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21
 Schedule O (Form 990) 2021

52

Schedule O (Form 990) 2021		Page 2
Name of the organization HUNGER SOLUTIONS	MINNESOTA	Employer identification number 36-3567366
SUCH AS THE EBT SERVICE CENTER,	THE PANDEMIC EBT (P-EBT) P	ROGRAM, LOCAL

FOOD SHELF, AND MORE.

THE MARKET BUCKS PROGRAM MATCHES SNAP CUSTOMER'S SPENDING UP TO \$10 AT

87 PARTICIPATING FARMERS MARKETS STATEWIDE, ALLOWING CUSTOMERS TO

STRETCH THEIR FOOD BUDGET TO BUY MORE FRESH, LOCAL, AND AFFORDABLE

FOOD.

IN 2021, OVER 17,000 SNAP CUSTOMERS SPENT \$410,646 IN SNAP/EBT AND

\$208,246 IN MARKET BUCKS DURING THE SUMMER SEASON. THIS WAS A RECORD

YEAR FOR THE PROGRAM, CREATING OVER \$1,000,000 IN ECONOMIC ACTIVITY FOR

THE STATE.

SNAP RX STRENGTHENS THE CONNECTION BETWEEN HEALTHCARE 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 MINNESOTA FOOD HELPLINE AND CONNECTED WITH FOOD

RESOURCES IN THEIR LOCAL COMMUNITY.

IN 2021, HUNGER SOLUTIONS MINNESOTA RECEIVED 1,184 PATIENT REFERRALS

FROM OVER 80 CLINIC PARTNERS.

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

THE ORGANIZATION'S FINANCE COMMITTEE APPROVES A DRAFT OF THE FORM 990

BEFORE IT IS FORWARDED TO THE ORGANIZATION'S BOARD MEMBERS FOR THEIR REVIEW

53

AND APPROVAL.

	FORM	990,	PART	VI,	SECTION	В,	LINE	12C:	
--	------	------	------	-----	---------	----	------	------	--

132212 11-11-21

POTENTIAL CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

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, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT

ITS MAIN OFFICE.