

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HUNGER SOLUTIONS MINNESOTA</b>		<b>D</b> Employer identification number <b>36-3567366</b>
	Doing business as		<b>E</b> Telephone number <b>651-486-9860</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>555 PARK STREET</b>	<b>STE 40</b>	<b>G</b> Gross receipts \$ <b>5,409,040.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ST. PAUL, MN 55103</b>		
<b>F</b> Name and address of principal officer: <b>COLLEEN MORIARTY</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

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

**J** Website: ▶ **HUNGERSOLUTIONS.ORG**

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

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HUNGER SOLUTIONS MINNESOTA IS A COMPREHENSIVE HUNGER RELIEF ORGANIZATION THAT WORKS TO END HUNGER IN</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>13</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>14</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>12,977,643.</b>	<b>Current Year</b> <b>4,531,943.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>446,455.</b>	<b>659,945.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,667.</b>	<b>58,798.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>41,538.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>13,426,765.</b>	<b>5,292,224.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>10,945,755.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>918,509.</b>	<b>992,143.</b>
<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>54,551.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>834,895.</b>	<b>735,208.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>12,699,159.</b>	<b>4,791,523.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>727,606.</b>	<b>500,701.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>2,843,180.</b>	<b>End of Year</b> <b>2,994,123.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>893,682.</b>	<b>516,375.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,949,498.</b>	<b>2,477,748.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	▶ <b>COLLEEN MORIARTY, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>RACHEL FLANDERS</b>	<b>RACHEL FLANDERS</b>	<b>11/11/22</b>	<input type="checkbox"/>	<b>P01591790</b>
Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>			Firm's EIN ▶ <b>41-0746749</b>		
Firm's address ▶ <b>220 S 6TH STREET, SUITE 300</b> <b>MINNEAPOLIS, MN 55402</b>			Phone no. <b>612-376-4500</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HUNGER SOLUTIONS MINNESOTA IS A COMPREHENSIVE HUNGER RELIEF ORGANIZATION THAT WORKS TO END HUNGER IN MINNESOTA. WE TAKE ACTION TO ASSURE FOOD SECURITY FOR ALL MINNESOTANS BY SUPPORTING AGENCIES THAT PROVIDE FOOD TO THOSE IN NEED, ADVANCING SOUND PUBLIC POLICY AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 3,364,717. including grants of \$ 2,747,767. ) (Revenue \$ 659,945. )

FOOD SHELF CAPACITY TO END HUNGER IN MINNESOTA, WE NEED A STRONG, RESPONSIVE EMERGENCY FOOD SYSTEM. HUNGER SOLUTIONS MINNESOTA WORKS TO BUILD FOOD SHELF CAPACITY SO FOOD SHELVES IN OUR STATE ARE BEST ABLE TO MEET THE NEEDS IN THE LOCAL COMMUNITIES.

FOOD SHELF FUNDING: IN 2021, HUNGER SOLUTIONS MINNESOTA DISTRIBUTED MORE THAN \$2 MILLION IN GRANTS TO 350 FOOD SHELVES THROUGHOUT MINNESOTA TO ENSURE THEY HAVE ACCESS TO FUNDING THEY NEED TO KEEP FOOD ON THEIR SHELVES AND THE DOORS OPEN TO THOSE IN THEIR COMMUNITY. THESE GRANT OPPORTUNITIES INCLUDED THE MINNESOTA FOOD SHELF PROGRAM (MFSP) GRANTS, CULTURAL COLLABORATION AND EQUIPMENT GRANTS, AND THE CCRSA GRANTS.

4b (Code: ) (Expenses \$ 549,672. including grants of \$ 316,405. ) (Revenue \$ )

SNAP OUTREACH THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) IS THE LARGEST FEDERAL NUTRITION ASSISTANCE PROGRAM, SUPPLEMENTING THE FOOD BUDGETS OF LOW-INCOME HOUSEHOLDS SO THEY CAN PURCHASE FOOD THAT MEETS THEIR NEEDS. THE PROGRAM SERVES AS THE FIRST LINE OF DEFENSE AGAINST HUNGER. FOR EVERY MEAL PROVIDED BY THE NETWORK OF FOOD BANKS AND FOOD SHELVES, SNAP PROVIDES NINE MEALS.

HUNGER SOLUTIONS MINNESOTA'S SNAP OUTREACH EFFORTS CONNECT PEOPLE WITH FOOD RESOURCES THROUGH THE MINNESOTA FOOD HELPLINE, MARKET BUCKS PROGRAM, AND SNAP RX.

4c (Code: ) (Expenses \$ 536,018. including grants of \$ ) (Revenue \$ )

ADVOCACY SERVING AS THE ANTI-HUNGER COMMUNITY'S LEADING VOICE WITH LAWMAKERS, WE CHAMPION ENDING HUNGER THROUGH PUBLIC POLICY INTERVENTION AND SYSTEMIC CHANGE.

KEY POLICY PRIORITIES OF 2021 WERE TO SUPPORT FOOD SHELVES DURING THE COVID-19 PANDEMIC; PROVIDE FREE BREAKFAST AND LUNCH TO ALL STUDENTS IN MINNESOTA, ESPECIALLY THOSE IN LOW-INCOME COMMUNITIES; DESIGNATE FUNDING FOR THE BUILD OF A NEW FOOD SHELF IN ST. PAUL; AND INCREASE ACCESS TO FOOD RESOURCES FOR STUDENTS ENROLLED IN COLLEGES AND UNIVERSITIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,450,407.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

**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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) COLLEEN MORIARTY EXECUTIVE DIRECTOR	40.00			X				142,800.	0.	21,070.
(2) KARLA DROSS DIRECTOR OF FINANCE	40.00			X				96,881.	0.	7,940.
(3) KIRSTIE FOSTER PRESIDENT	2.00	X		X				0.	0.	0.
(4) LYDIA BJORGE VICE PRESIDENT	2.00	X		X				0.	0.	0.
(5) RYAN CARRIGAN TREASURER	2.00	X		X				0.	0.	0.
(6) HEATHER ALDEN DIRECTOR	1.00	X						0.	0.	0.
(7) LEYLA BARI DIRECTOR	1.00	X						0.	0.	0.
(8) JALILIA ABDUL-BROWN DIRECTOR	1.00	X						0.	0.	0.
(9) DR. NEIL BRATNEY DIRECTOR	1.00	X						0.	0.	0.
(10) JODIE DVORKIN DIRECTOR	1.00	X						0.	0.	0.
(11) STEVEN KRIKAVA DIRECTOR	1.00	X						0.	0.	0.
(12) CINDY MILLER DIRECTOR	1.00	X						0.	0.	0.
(13) MARY MITCHELL DIRECTOR	1.00	X						0.	0.	0.
(14) ERIN MAYE QUADE DIRECTOR	1.00	X						0.	0.	0.
(15) JULIE ROBEY DIRECTOR	1.00	X						0.	0.	0.
(16) SCOTT VAN DAELE DIRECTOR	1.00	X						0.	0.	0.



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	3,733,258.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	798,685.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		4,531,943.			
Program Service Revenue	<b>2 a</b>	<b>CONTRACTS</b>	<b>Business Code</b>				
			900099	659,945.	659,945.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f		659,945.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		27,074.		27,074.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				148,540.			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	116,816.			
<b>c</b>	Gain or (loss)	<b>7c</b>	31,724.				
<b>d</b>	Net gain or (loss)		31,724.		31,724.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
<b>b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	<b>MISCELLANEOUS REVENUE</b>	<b>Business Code</b>				
			624210	41,538.		41,538.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
<b>e</b>	<b>Total.</b> Add lines 11a-11d		41,538.				
<b>12</b>	<b>Total revenue.</b> See instructions		5,292,224.	659,945.	0.	100,336.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

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

**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,292,224.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,791,523.
3	Revenue less expenses. Subtract line 2 from line 1	3	500,701.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,949,498.
5	Net unrealized gains (losses) on investments	5	27,549.
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	2,477,748.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2021)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	794,619.	586,790.	3242716.	12977643.	4531943.	22133711.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	794,619.	586,790.	3242716.	12977643.	4531943.	22133711.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						22133711.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	794,619.	586,790.	3242716.	12977643.	4531943.	22133711.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	78,390.	27,283.	24,803.	23,203.	27,074.	180,753.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						22314464.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.19 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	98.92 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described 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?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number

36-3567366

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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).

Name of organization  <b>HUNGER SOLUTIONS MINNESOTA</b>	Employer identification number  <b>36-3567366</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization  <b>HUNGER SOLUTIONS MINNESOTA</b>	Employer identification number  <b>36-3567366</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization <b>HUNGER SOLUTIONS MINNESOTA</b>	Employer identification number <b>36-3567366</b>
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**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____		_____	
_____		_____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____		_____	
_____		_____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____		_____	
_____		_____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____		_____	
_____		_____	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** HUNGER SOLUTIONS MINNESOTA **Employer identification number** 36-3567366

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		116,811.	101,059.	15,752.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 15,752.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	5,311,560.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	27,549.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	27,549.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,284,011.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	8,213.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	8,213.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,292,224.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,783,310.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,783,310.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	8,213.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	8,213.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,791,523.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

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

**Part XIII** Supplemental Information *(continued)*

LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAX AUTHORITIES. FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE THE CURRENT AND THREE PREVIOUS YEARS OF INCOME TAX RETURNS. THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **HUNGER SOLUTIONS MINNESOTA** Employer identification number **36-3567366**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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 COUNCIL FOOD SHELF - 2615 9TH AVE N - ANOKA, MN 55303	51-0155191	501C3	17,735.	0.			HUNGER RELIEF
BEMIDJI COMMUNITY FOOD SHELF 1260 EXCHANGE AVENUE SOUTHEAST BEMIDJI, MN 56601	41-1494430	501C3	7,291.	0.			HUNGER RELIEF
BIG LAKE COMMUNITY FOOD SHELF 160 LAKE STREET NORTH BIG LAKE, MN 55309	41-1820136	501C3	9,268.	0.			HUNGER RELIEF
BOIS FORTE BAND OF CHIPPEWA 5344 LAKESHORE DRIVE NETT LAKE, MN 55772	41-0954784	GOV	10,155.	0.			HUNGER RELIEF

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 134.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2021

**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
BOUNTIFUL BASKET FOOD SHELF 1600 BAVARIA ROAD CHASKA , MN 55318	84-2309087	501C3	6,083.	0.			HUNGER RELIEF
BRIDGEPOINTE COMMUNITY CHURCH - FOOD SHELF - 121 17TH STREET NORTH - MOORHEAD , MN 56560	41-6160135	501C3	10,635.	0.			HUNGER RELIEF
CAER FOOD SHELF COMMUNITY AID OF ELK RIVER - 12621 ELK LAKE ROAD NW - ELK RIVER , MN 55330	41-1415484	501C3	12,718.	0.			HUNGER RELIEF
CALVARY LUTHERAN CHURCH FOOD SHELF 3901 CHICAGO AVE S MINNEAPOLIS , MN 55407	41-0705762	501C3	18,508.	0.			HUNGER RELIEF
CAP AGENCY FOOD SHELF-SHAKOPEE 712 CANTERBURY RD S SHAKOPEE , MN 55379	41-0903890	501C3	10,361.	0.			HUNGER RELIEF
CAPI USA 5930 BROOKLYN BOULEVARD BROOKLYN CENTER , MN 55429	41-1417198	501C3	16,746.	0.			HUNGER RELIEF
CASS LAKE COMMUNITY FOOD SHELF 20179 MISSION ROAD SOUTHEAST CASS LAKE , MN 56633	61-1723716	501C3	14,579.	0.			HUNGER RELIEF
CATHOLIC CHARITIES EMERGENCY SERVICES - ST. CLOUD - 157 ROOSEVELT ROAD STE 100 - ST. CLOUD , MN 56301	41-0737799	501C3	19,770.	0.			HUNGER RELIEF
CEAP 7051 BROOKLYN BOULEVARD BROOKLYN CENTER , MN 55429-1371	41-0990340	501C3	17,866.	0.			HUNGER RELIEF

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
CENTENNIAL COMMUNITY FOOD SHELF 200 CIVIC HEIGHTS CIRCLE PO BOX 8 CIRCLE PINES , MN 55014	45-5579732	501C3	16,336.	0.			HUNGER RELIEF
CHANNEL ONE FOOD SHELF 131 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	501C3	35,349.	0.			HUNGER RELIEF
CHRISTIAN CUPBOARD EMERGENCY FOOD SHELF - 8264 4TH STREET N - OAKDALE , MN 55125	36-3298764	501C3	127,293.	0.			HUNGER RELIEF
CHURCH OF THE INCARNATION FOOD SHELF-MINNEAPOLIS - 3817 PLEASANT AVENUE SOUTH - MINNEAPOLIS , MN 55409	41-0760816	501C3	37,793.	0.			HUNGER RELIEF
CHURCHES UNITED FOR THE HOMELESS-MOORHEAD - 1901 1ST AVENUE NORTH - MOORHEAD, MN 56560	41-1594892	501C3	5,175.	0.			HUNGER RELIEF
CHURCHES UNITED IN MINISTRY DULUTH 120 NORTH 1ST AVENUE WEST DULUTH , 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)

**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
COMMUNITY EMERGENCY SERVICES-MINNEAPOLIS - 1900 11TH AVENUE SOUTH - MINNEAPOLIS , MN 55404	41-1728341	501C3	17,430.	0.			HUNGER RELIEF
COMMUNITY PATHWAYS OF STEELE COUNTY - 155 OAKDALE ST. - OWATONNA , 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 1671 SUMMIT AVE. ST. PAUL, MN 55105	41-0694741	501C3	5,065.	0.			HUNGER RELIEF
DOROTHY DAY FOOD PANTRY 1901 1ST AVE N MOORHEAD , 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
ECHO FOOD SHELF 1014 S FRONT ST MANKATO , MN 56001	41-1429214	501C3	31,706.	0.			HUNGER RELIEF
FALLS HUNGER COALITION 1000 5TH STREET INTERNATIONAL FALLS, MN 56649	36-3602229	501C3	14,401.	0.			HUNGER RELIEF

Schedule I (Form 990)

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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
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 , MN 55056	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)

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GRAND RAPIDS FOOD SHELF 2222 CROMELL DRIVE PO BOX 5130 GRAND RAPIDS , MN 55744	41-1782776	501C3	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 ST PAUL , MN 55102	41-0693846	501C3	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	501C3	63,786.	0.			HUNGER RELIEF
INTERCONGREGATION COMMUNITIES ASSOCIATION-ICA FOOD SHELF - 12990 SAINT DAVIDS ROAD - MINNETONKA , MN 55305	41-0979010	501C3	17,837.	0.			HUNGER RELIEF

Schedule I (Form 990)

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

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INTERFAITH OUTREACH & COMMUNITY PARTNERS - 1605 COUNTY ROAD 101 N - PLYMOUTH , MN 55447	36-3482724	501C3	10,033.	0.			HUNGER RELIEF
JERICHO ROAD MINISTRIES 1628 EAST 33RD STREET MINNEAPOLIS , MN 55407	03-0406197	501C3	29,536.	0.			HUNGER RELIEF
JOYCE UPTOWN FOOD SHELF 3041 FREMONT AVE S MINNEAPOLIS , MN 55408	46-3081535	501C3	8,986.	0.			HUNGER RELIEF
KANDIYOHI COUNTY FOOD SHELF 624 PACIFIC AVE SW WILLMAR , MN 56201	41-1432367	501C3	13,901.	0.			HUNGER RELIEF
KEYSTONE COMMUNITY SERVICES 2000 ST. ANTHONY AVENUE ST. PAUL , MN 55104	41-0693924	501C3	19,862.	0.			HUNGER RELIEF
LAKE OF THE WOODS FOOD SHELF BOX 928 BAUDETTE, MN 56623	41-0288050	501C3	5,856.	0.			HUNGER RELIEF
LAKES AREA FOOD SHELF PO BOX 724 NISSWA , MN 56468	41-1715784	501C3	13,889.	0.			HUNGER RELIEF
LEECH LAKE BAND OF OJIBWE 190 SAILSTAR DRIVE NW CASS LAKE , MN 56633	41-1242052	GOV	15,000.	0.			HUNGER RELIEF
LIFEGATE SERVICES 1300 10TH AVENUE NORTHEAST ROCHESTER , MN 55906	47-1965877	501C3	14,936.	0.			HUNGER RELIEF

Schedule I (Form 990)

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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	501C3	17,550.	0.			HUNGER RELIEF
MANNA MARKET-TRINITY LUTHERAN CHURCH AND SCHOOL - 3812 229TH AVENUE NORTHWEST - SAINT FRANCIS , MN 55070	41-1260868	501C3	12,500.	0.			HUNGER RELIEF
MCLEOD EMERGENCY FOOD SHELF 808 E 12TH STREET GLENCOE , MN 55336	47-1470696	501C3	9,670.	0.			HUNGER RELIEF
MENAHA FOOD SHELF 120 1ST ST NE MENAHA , 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.	0.			HUNGER RELIEF
MILACA AREA PANTRY 120 2ND AVENUE SOUTHWEST MILACA , MN 56353	41-1628297	501C3	5,685.	0.			HUNGER RELIEF

Schedule I (Form 990)

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

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MINNEAPOLIS CENTRAL CHURCH OF CHRIST - 1922 NORTH 4TH AVENUE - MINNEAPOLIS , MN 55405	41-1661528	501C3	7,760.	0.			HUNGER RELIEF
MINNEHAHA UMC FOOD SHELF 3701 E 50TH STREET MINNEAPOLIS , MN 55417	41-0789393	501C3	5,227.	0.			HUNGER RELIEF
MONTICELLO HELP CENTER PO BOX 1220 MONTICELLO , MN 55362	41-1668149	501C3	14,138.	0.			HUNGER RELIEF
MORRISON COUNTY FOOD SHELF 912 FIRST AVENUE SW LITTLE FALLS , MN 56345	41-1678333	501C3	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

Schedule I (Form 990)

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NORTH ANOKA COUNTY EMERGENCY FOOD SHELF (NACE) - 18511 MINNESOTA 65 - EAST BETHEL, MN 55011	31-1673282	501C3	19,341.	0.			HUNGER RELIEF
NORTHPOINT HEALTH AND WELLNESS CENTER - 1256 NORTH PENN AVENUE SUITE 5300 - MINNEAPOLIS, MN 55411	20-0898277	501C3	13,067.	0.			HUNGER RELIEF
PEACE CENTER 313 N. COLUMBUS AVE 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 - WAITE HOUSE - 125 WEST BROADWAY AVENUE N STE 130 - MINNEAPOLIS, MN 55411	41-0916478	501C3	6,545.	0.			HUNGER RELIEF
PIPESTONE COUNTY AREA FOOD SHELF 223 2ND STREET NW PIPESTONE, MN 56164	55-0888466	501C3	10,643.	0.			HUNGER RELIEF
PRISM MARKETPLACE FOOD SHELF 1220 ZANE AVENUE NORTH GOLDEN VALLEY, MN 55422	41-1442049	501C3	14,810.	0.			HUNGER RELIEF

Schedule I (Form 990)

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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	501C3	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 LIVERNE, 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

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**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
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

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
SOURCE MN 2609 STEVENS AVENUE MINNEAPOLIS , MN 55408	41-1588666	501C3	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 SHELVE 201B S THIRD STREET ST PETER , MN 56082	41-1761515	501C3	9,315.	0.			HUNGER RELIEF
STRANDQUIST AREA FOOD SHELVE 403 LINCOLN STREET STRANDQUIST , MN 56758	41-1737565	501C3	5,835.	0.			HUNGER RELIEF
THE CAMDEN PROMISE 4656 NORTH COLFAX AVENUE MINNEAPOLIS , MN 55412	36-4685968	501C3	50,975.	0.			HUNGER RELIEF
THE FOOD GROUP 8501 54TH AVE NORTH NEW 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
THE SANNEH FOUNDATION 1276 UNIVERSITY AVE W SAINT PAUL , MN 55114	56-2332269	501C3	6,695.	0.			HUNGER RELIEF

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
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

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
WEST AFRICAN FAMILY & COMMUNITY SERVICES - BROOKLYN UNITED METHODIST CHURCH 7200 BROOKLYN BLVD - BROOKLYN CENTER , MN 55429	82-2337036	501C3	20,417.	0.			HUNGER RELIEF
WESTONKA FOOD SHELF 2443 COMMERCE BOULEVARD MOUND , MN 55364	41-1446978	501C3	14,425.	0.			HUNGER RELIEF
WHITE BEAR AREA EMERGENCY FOOD SHELF - 1884 WHITAKER AVE - WHITE BEAR LAKE , MN 55110	41-1459604	501C3	25,357.	0.			HUNGER RELIEF
WINONA VOLUNTEER SERVICES SUPPLEMENTAL FOOD SHELF, 402 EAST S WINONA , MN 55987	23-7376207	501C3	5,938.	0.			HUNGER RELIEF
YOUTHPRISE 3001 BROADWAY STREET NORTHEAST STE MINNEAPOLIS , MN 55413	27-4126970	501C3	34,000.	0.			HUNGER RELIEF

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MARKET BUCKS AT VARIOUS MINNESOTA FARMER'S MARKETS	17632	223,592.	0.	N/A	

**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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**HUNGER SOLUTIONS MINNESOTA**

Employer identification number

**36-3567366**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) COLLEEN MORIARTY EXECUTIVE DIRECTOR	(i)	132,800.	10,000.	0.	6,318.	14,752.	163,870.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2021**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **HUNGER SOLUTIONS MINNESOTA** Employer identification number **36-3567366**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
COLLEEN MORIARTY	EXECUTIVE	ADVANCE		X	0.	12,092.		X		X		X
<b>Total</b> .....						▶ \$	12,092.					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number

36-3567366

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

Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number

36-3567366

SUCH AS THE EBT SERVICE CENTER, THE PANDEMIC EBT (P-EBT) PROGRAM, 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 AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

Name of the organization <b>HUNGER SOLUTIONS MINNESOTA</b>	Employer identification number <b>36-3567366</b>
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**ANNUALLY BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES DISCLOSE IN WRITING  
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.**