

HUNGER SOLUTIONS MINNESOTA
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021



CPAs | CONSULTANTS | WEALTH ADVISORS

CLAAconnect.com

**HUNGER SOLUTIONS MINNESOTA
TABLE OF CONTENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021**

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF FINANCIAL POSITION	4
STATEMENTS OF ACTIVITIES	5
STATEMENTS OF FUNCTIONAL EXPENSES	7
STATEMENTS OF CASH FLOWS	8
NOTES TO FINANCIAL STATEMENTS	9



INDEPENDENT AUDITORS' REPORT

Board of Directors
Hunger Solutions Minnesota
St. Paul, Minnesota

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Hunger Solutions Minnesota, which comprise the statements of financial position as of December 31, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hunger Solutions Minnesota as of December 31, 2022 and 2021, and the change in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Hunger Solutions Minnesota and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Hunger Solutions Minnesota's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Hunger Solutions Minnesota's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Hunger Solutions Minnesota's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplementary Information

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

A handwritten signature in black ink that reads "CliftonLarsonAllen LLP". The signature is written in a cursive, flowing style.

CliftonLarsonAllen LLP

Minneapolis, Minnesota
July 21, 2023

**HUNGER SOLUTIONS MINNESOTA
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2022 AND 2021**

ASSETS	<u>2022</u>	<u>2021</u>
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 1,546,184	\$ 1,539,310
Investments	882,903	1,069,650
Contributions Receivable	-	27,903
Accounts Receivable	336,142	303,850
Accounts Receivable - Agency	-	1,300
Prepaid Expenses	5,947	36,358
Total Current Assets	<u>2,771,176</u>	<u>2,978,371</u>
PROPERTY AND EQUIPMENT, Net		
Furniture and Office Equipment	116,811	116,811
Less: Accumulated Depreciation	<u>(111,007)</u>	<u>(101,059)</u>
Property and Equipment, Net	<u>5,804</u>	<u>15,752</u>
Total Assets	<u><u>\$ 2,776,980</u></u>	<u><u>\$ 2,994,123</u></u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	\$ 116,164	\$ 57,615
Accrued Expenses	51,563	133,240
Deferred Revenue	-	25,837
Funds Held in Agency	<u>259,110</u>	<u>299,683</u>
Total Current Liabilities	<u>426,837</u>	<u>516,375</u>
NET ASSETS		
Without Donor Restrictions:		
Undesignated	1,655,801	1,814,060
Designated for New Initiatives and Projects	<u>450,000</u>	<u>450,000</u>
Total Without Donor Restrictions	2,105,801	2,264,060
With Donor Restrictions	<u>244,342</u>	<u>213,688</u>
Total Net Assets	<u>2,350,143</u>	<u>2,477,748</u>
Total Liabilities and Net Assets	<u><u>\$ 2,776,980</u></u>	<u><u>\$ 2,994,123</u></u>

See accompanying Notes to Financial Statements.

**HUNGER SOLUTIONS MINNESOTA
STATEMENT OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2022**

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUE			
Contributions	\$ 666,348	\$ 180,000	\$ 846,348
Government Contributions	11,992,367	183,491	12,175,858
Program Services	385,917	-	385,917
Investment Income (Loss), Net	(174,920)	-	(174,920)
Net Assets Released from Restrictions	332,837	(332,837)	-
Total Revenue	<u>13,202,549</u>	<u>30,654</u>	<u>13,233,203</u>
EXPENSES			
Program Services:			
Food Shelf Capacity	11,325,225	-	11,325,225
SNAP Outreach	939,225	-	939,225
Advocacy	509,911	-	509,911
Total Program Services	<u>12,774,361</u>	<u>-</u>	<u>12,774,361</u>
Management and General	479,444	-	479,444
Fundraising	107,003	-	107,003
Total Expenses	<u>13,360,808</u>	<u>-</u>	<u>13,360,808</u>
CHANGE IN NET ASSETS	(158,259)	30,654	(127,605)
Net Assets - Beginning of Year	<u>2,264,060</u>	<u>213,688</u>	<u>2,477,748</u>
NET ASSETS - END OF YEAR	<u><u>\$ 2,105,801</u></u>	<u><u>\$ 244,342</u></u>	<u><u>\$ 2,350,143</u></u>

See accompanying Notes to Financial Statements.

**HUNGER SOLUTIONS MINNESOTA
STATEMENT OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2021**

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUE			
Contributions	\$ 448,685	\$ 350,000	\$ 798,685
Government Contributions	3,733,258	-	3,733,258
Program Services	701,483	-	701,483
Investment Income, Net	78,134	-	78,134
Net Assets Released from Restrictions	191,312	(191,312)	-
Total Revenue	5,152,872	158,688	5,311,560
EXPENSES			
Program Services:			
Food Shelf Capacity	3,364,717	-	3,364,717
SNAP Outreach	549,672	-	549,672
Advocacy	536,018	-	536,018
Total Program Services	4,450,407	-	4,450,407
Management and General	278,351	-	278,351
Fundraising	54,552	-	54,552
Total Expenses	4,783,310	-	4,783,310
CHANGE IN NET ASSETS	369,562	158,688	528,250
Net Assets - Beginning of Year	1,894,498	55,000	1,949,498
NET ASSETS - END OF YEAR	<u>\$ 2,264,060</u>	<u>\$ 213,688</u>	<u>\$ 2,477,748</u>

See accompanying Notes to Financial Statements.

**HUNGER SOLUTIONS MINNESOTA
STATEMENTS OF FUNCTIONAL EXPENSES
YEARS ENDED DECEMBER 31, 2022 AND 2021**

	2022			
	Program Services	Management and General	Fundraising	Total
Salaries, Taxes, and Benefits	\$ 700,252	\$ 148,611	\$ 94,010	\$ 942,873
Grants to Members	11,649,204	-	-	11,649,204
Professional Services	237,618	227,948	-	465,566
Office and Administration	108,351	47,346	7,524	163,221
Program Marketing	35,498	3,906	1,121	40,525
Special Projects and Events	-	-	4,348	4,348
Rent	43,438	33,823	-	77,261
Insurance	-	7,862	-	7,862
Depreciation	-	9,948	-	9,948
Total Expenses by Function	<u>\$ 12,774,361</u>	<u>\$ 479,444</u>	<u>\$ 107,003</u>	<u>\$ 13,360,808</u>

	2021			
	Program Services	Management and General	Fundraising	Total
Salaries, Taxes, and Benefits	\$ 843,148	\$ 103,106	\$ 45,889	\$ 992,143
Grants to Members	3,064,172	-	-	3,064,172
Professional Services	402,357	35,100	-	437,457
Office and Administration	113,740	33,215	5,663	152,618
Program Marketing	26,990	3,098	500	30,588
Special Projects and Events	-	-	2,500	2,500
Rent	-	75,350	-	75,350
Insurance	-	5,969	-	5,969
Depreciation	-	22,513	-	22,513
Total Expenses by Function	<u>\$ 4,450,407</u>	<u>\$ 278,351</u>	<u>\$ 54,552</u>	<u>\$ 4,783,310</u>

See accompanying Notes to Financial Statements.

**HUNGER SOLUTIONS MINNESOTA
STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ (127,605)	\$ 528,250
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:		
Depreciation	9,948	22,513
Net Realized and Unrealized Losses (Gains) on Investments	190,399	(87,111)
(Increase) Decrease in:		
Contributions Receivables	27,903	136,298
Accounts Receivable	(32,292)	(209,503)
Accounts Receivable, Agency	1,300	29,535
Prepaid Expenses	30,411	73,697
Increase (Decrease) in:		
Accounts Payable	58,549	(16,855)
Accrued Expenses	(81,677)	100,217
Deferred Revenue	(25,837)	(328,490)
Funds Held in Agency	(40,573)	(132,179)
Net Cash Provided by Operating Activities	<u>10,526</u>	<u>116,372</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Investments	(35,839)	(144,416)
Sale of Investments	<u>32,187</u>	<u>148,540</u>
Net Cash Provided (Used) by Investing Activities	<u>(3,652)</u>	<u>4,124</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	6,874	120,496
Cash and Cash Equivalents - Beginning of Year	<u>1,539,310</u>	<u>1,418,814</u>
CASH AND CASH EQUIVALENTS - END OF YEAR	<u><u>\$ 1,546,184</u></u>	<u><u>\$ 1,539,310</u></u>

See accompanying Notes to Financial Statements.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 1 NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Hunger Solutions Minnesota (the Organization) works to end hunger in our state. We take action to assure food security for all Minnesotans by supporting programs and agencies that provide food to those in need, advancing sound public policy, building grassroots advocacy, and informing and educating critical stakeholders about the status of hunger in Minnesota.

As the only statewide anti-hunger organization whose services reach every county of Minnesota, we are not only fighting against hunger today, but also finding long-term solutions to end hunger in the future through the following programs:

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.

Minnesota Food HelpLine

The Minnesota Food HelpLine is an over-the-phone resources line that provides SNAP eligibility screenings and enrollment assistance, and referral services to other food resource programs such as food shelves, WIC, Meals on Wheels, farmers markets, and more.

In fiscal year (FY) 2022, the Minnesota Food HelpLine received 13,651 calls to the HelpLine. The remaining calls were given information on other resources or programs such as the EBT Service Center, the Pandemic EBT (P-EBT) program, local food shelf, and more.

Market Bucks

The Market Bucks program matches SNAP customer's spending up to \$10 at over 100 participating farmers markets statewide, allowing customers to stretch their food budget to buy more fresh, local, and affordable food. New in 2022, SNAP customers could also receive an extra Produce Market Bucks match for fruits and vegetables at the market.

In FY2022, SNAP customers spent a record \$473,641 in SNAP/EBT, \$292,431 in Market Bucks, and \$273,348 in Produce Market Bucks during the summer season. This was a record year for the program, creating over \$1,500,000 in economic activity for the state.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 1 NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

SNAP Outreach (Continued)

SNAP Rx

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 FY2022, Hunger Solutions Minnesota received 2,051 patient referrals from 45 clinic partners.

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 their local communities.

Food Shelf Funding

In FY2022, Hunger Solutions Minnesota distributed more than \$6 million in grants to over 300 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 (MSFP) Grant, Cultural Collaboration Grant, Emergency Grants and through the American Rescue Plan Act (ARPA) Grant.

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 FY2022, Hunger Solutions Minnesota distributed over 10 million pounds of food-to-food shelves and on-site meal programs across Minnesota via TEFAP.

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 FY2022 were to pass free breakfast and lunch to all students in Minnesota; expand SNAP access by increasing the eligibility limit; secure funding for food shelves; expand Farm to School programs, build a new food shelf in St. Paul; and provide home delivered meals to veterans.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 1 NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Basis of Presentation

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

Net Assets Without Donor Restrictions – are those net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the board of directors.

Net Assets With Donor Restrictions – are those net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. The Organization has no net assets to be maintained in perpetuity.

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

Cash and Cash Equivalents

The Organization considers all short-term debt instruments purchased with a maturity of three months or less to be cash equivalents. Cash in the Organization's accounts are covered by FDIC and SPIC insurance. At times during the year, the Organization had cash balances in excess of the FDIC insured limits.

Accounts Receivable

Accounts receivable is stated at net realizable value. Management estimates that all accounts receivable are fully collectible. Therefore, no allowance for doubtful accounts has been recognized as of December 31, 2022 and 2021.

Contributions Receivable

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Contributions that are expected to be collected within one year are recorded at their net realizable value. Contributions that are expected to be collected in future years are recorded at the present value of the amount to be collected using an imputed interest rate applicable to the year in which the contribution is received. Conditional contributions are not included as support until such time as the conditions are substantially met. Management estimates that all contributions are fully collectible. Management estimates that all contributions are fully collectible. Therefore, no allowance for doubtful accounts has been recognized as of December 31, 2022 and 2021.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 1 NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment

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

Investments

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

Funds Held in Agency

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

Revenue Recognition

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

A portion of the Organization's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the statement of financial position. The Organization received cost-reimbursable grants of approximately \$450,000 that have not been recognized at December 31, 2022, because qualifying expenditures have not yet been incurred.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 1 NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions

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

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

Leases

The Organization determines if an arrangement is a lease at inception. Leases are reported on the balance sheet as a right-of-use (ROU) asset and lease liability. ROU assets represent the Organization's right to use an underlying asset for the lease term and lease liabilities represent the obligation to make lease payments arising from the lease. ROU assets and liabilities are recognized at commencement date based on the present value of lease payments over the lease term. Lease terms may include options to extend or terminate the lease when it is reasonably certain that the Organization will exercise that option. Lease expense for operating lease payments is recognized on a straight-line basis over the lease term. The Organization has elected to recognize payments for short-term leases with a lease term of 12 months or less as expense as incurred and these leases are not included as lease liabilities or ROU assets on the balance sheet.

Hunger Solutions leases space for its offices under a lease agreement which expires June 30, 2023. Lease expense was \$77,261 and \$78,122 for the years ended December 31, 2022 and 2021, respectively. Due to the immateriality of this remaining lease term, the Organization chose not to record an ROU asset and liability for this lease.

Subsequent to year-end, the Organization signed an amended lease agreement, extending the term of the lease through June 30, 2026. Future minimum lease payments related to this lease are as follows:

<u>Year Ending December 31,</u>	<u>Amount</u>
2023	\$ 78,756
2024	79,542
2025	81,133
2026	40,968
Total	<u>\$ 280,399</u>

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 1 NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Allocation of Functional Expenses

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

Income Taxes

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

Use of Estimates

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

Concentration of Credit Risk

The Organization receives a significant amount of funding from the government through various grants and contracts. If a significant reduction in the level of this funding were to occur, it might have a significant effect on the Organization's programs and activities.

Reclassifications

Certain reclassifications of amounts previously reported have been made to the accompanying financial statements to maintain consistency between periods presented. The reclassifications had no impact on previously reported net assets.

Adoption of New Accounting Standards

In February 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-02, *Leases (Topic 842)*. This new standard increases transparency and comparability among organizations by requiring the recognition of ROU assets and lease liabilities on the statement of financial position. Most prominent among the changes in the standard is the recognition of ROU assets and lease liabilities by lessees for those leases classified as operating leases. Under the standard, disclosures are required to meet the objective of enabling users of financial statements to assess the amount, timing, and uncertainty of cash flows arising from leases. The Organization adopted the requirement of the guidance effective January 1, 2022, and has elected to apply the provisions of this standard to the beginning of the period of adoption. There was no impact on the Organization's financial position and change in net assets as a result of the adoption of this accounting standard.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 1 NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Events

In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through July 21, 2023, the date the financial statements were available to be issued.

NOTE 2 RETIREMENT PLAN

The Organization matches 401(k) contributions by eligible employees. The Organization contributed \$21,328 and \$15,434 to the plan for the years ended December 31, 2022 and 2021, respectively.

The Organization provides a 401(k) profit sharing plan to its employees. Employer contributions are discretionary and are determined each year. The plan covers all employees who meet specific requirements. The Organization contributed \$-0- and \$19,256 to the plan for the years ended December 31, 2022 and 2021, respectively.

NOTE 3 AVAILABILITY AND LIQUIDITY

The following represents Hunger Solutions Minnesota's financial assets as December 31:

	2022	2021
Financial Assets at Year-End:		
Cash and Cash Equivalents	\$ 1,546,184	\$ 1,539,310
Investments	882,903	1,069,650
Contributions Receivable	-	27,903
Accounts Receivable	336,142	303,850
Accounts Receivable, Agency	-	1,300
Total Financial Assets	<u>2,765,229</u>	<u>2,942,013</u>
Less: Amounts Not Available to be Used Within One Year:		
Funds Held in Agency	(259,110)	(299,683)
Net Assets with Donor Restrictions	(244,342)	(213,688)
Board-Designated Funds	<u>(450,000)</u>	<u>(450,000)</u>
Financial Assets Available to Meet General Expenditures Over the Next Twelve Months	<u><u>\$ 1,811,777</u></u>	<u><u>\$ 1,978,642</u></u>

The Organization's goal is generally to maintain financial assets to meet four months of operating expenses. As part of its liquidity plan, excess cash is invested in short-term investments including money market accounts. The Organization's board of directors has designated a portion of its net assets for new initiatives and projects. Those amounts are identified as board-designated funds in the table above. Those funds remain available and may be spent at the discretion of the board.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 4 FAIR VALUE MEASUREMENTS

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

These levels include:

Level 1 – Unadjusted quoted market prices for identical assets or liabilities in active markets as of the measurement date.

Level 2 – Other observable inputs, either directly or indirectly, including:

- quoted prices for similar assets/liabilities in active markets;
- quoted prices for identical or similar assets in nonactive markets;
- inputs other than quoted prices that are observable for the asset/liability; and
- inputs that are derived from or corroborated by other observable market data.

Level 3 – Unobservable inputs that cannot be corroborated by observable market data.

As of December 31, 2022 and 2021, all of the Organization's investments consisted of mutual funds which are valued at Level 1.

NOTE 5 CONCENTRATION OF REVENUE SOURCES

The Organization received 92% of its total revenue from various contracts with the state of Minnesota for the year ending December 31, 2022, and 85% of its total revenue for the year ending December 31, 2021. The current level of the Organization's operations and program services may be impacted if funding is not renewed.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 6 NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consisted of the following at December 31:

	2022	2021
SNAP Outreach	\$ 113,492	\$ 76,182
Public Policy - Universal Meals	130,850	137,506
Total	<u>\$ 244,342</u>	<u>\$ 213,688</u>

Net assets with donor restrictions were released for the following purposes during the years ending December 31:

	2022	2021
SNAP Outreach	\$ 146,182	\$ 53,818
Public Policy - Universal Meals	186,655	112,494
Restricted for Time	-	25,000
Total	<u>\$ 332,837</u>	<u>\$ 191,312</u>

NOTE 7 FOOD AND HOUSEHOLD PRODUCTS (SUPPLEMENTARY INFORMATION)

The Organization coordinates the distribution of food and household products to various in-state food banks and food shelves. The total valuation of the food and household products distributed are estimates based on estimated pounds distributed multiplied by estimated rates per pound established by cost studies conducted by USDA. The valuation of distributed food and household products during the years ended December 31, 2022 and 2021, was approximately \$15,700,000 and \$19,000,000, respectively.



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

** PUBLIC DISCLOSURE COPY **

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2022Open to Public
Inspection**A For the 2022 calendar year, or tax year beginning and ending**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization HUNGER SOLUTIONS MINNESOTA		D Employer identification number 36-3567366
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	555 PARK STREET	STE 40	651-486-9860
	City or town, state or province, country, and ZIP or foreign postal code ST. PAUL, MN 55103		G Gross receipts \$ 13,463,495.
F Name and address of principal officer: COLLEEN MORIARTY SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: HUNGERSOLUTIONS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1987 M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HUNGER SOLUTIONS MINNESOTA IS A COMPREHENSIVE HUNGER RELIEF ORGANIZATION THAT WORKS TO END HUNGER IN
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 13
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 13
	6 Total number of volunteers (estimate if necessary) 6 14
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 4,531,943. 13,022,206.
	9 Program service revenue (Part VIII, line 2g) 659,945. 366,319.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 58,798. 23,185.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41,538. 19,598.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,292,224. 13,431,308.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,064,172. 11,649,204.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 992,143. 942,873.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 107,003.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 735,208. 776,437.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,791,523. 13,368,514.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 500,701. 62,794.
	20 Total assets (Part X, line 16) 2,994,123. 2,776,980.
	21 Total liabilities (Part X, line 26) 516,375. 426,837.
	22 Net assets or fund balances. Subtract line 21 from line 20 2,477,748. 2,350,143.

Part II Signature Block

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

Sign Here	Prepared by: Colleen Moriarty	Date: 9/21/2023
	Signature of officer: COLLEEN MORIARTY, EXECUTIVE DIRECTOR	Date:
Paid Preparer Use Only	Print/Type preparer's name: RACHEL FLANDERS	Preparer's signature: RACHEL FLANDERS
	Firm's name: CLIFTONLARSONALLEN LLP	Firm's EIN: 41-0746749
	Firm's address: 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402	Phone no.: 612-376-4500

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

Form 990 (2022)

HUNGER SOLUTIONS MINNESOTA

36-3567366

Page **2****Part III Statement of Program Service Accomplishments**

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

☒**1** Briefly describe the organization's mission:

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 ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,246,227. including grants of \$ 11,212,998.) (Revenue \$ 34,475.)

FOOD SHELF CAPACITY

TO END HUNGER 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 THEIR LOCAL COMMUNITIES.

FOOD SHELF FUNDING: IN 2022, HUNGER SOLUTIONS MINNESOTA DISTRIBUTED MORE THAN \$10 MILLION IN GRANTS TO OVER 350 FOOD SHELVES, TRIBAL NATIONS AND MEAL PROGRAMS THROUGHOUT MINNESOTA TO ENSURE THEY HAVE ACCESS TO THE FUNDING THE NEED TO KEEP FOOD ON THEIR SHELVES AND THEIR DOORS OPEN TO THOSE IN THEIR COMMUNITY. THESE GRANT OPPORTUNITIES INCLUDE THE MINNESOTA FOOD SHELF PROGRAM (MFSP) GRANT, CULTURAL

4b (Code:) (Expenses \$ 588,911. including grants of \$ 0.) (Revenue \$ 331,844.)

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 \$ 234,241. including grants of \$ 120,956.) (Revenue \$ 0.)

ADVOCACY

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

KEY POLICY PRIORITIES FOR 2022 INCLUDED: UNIVERSAL SCHOOL MEALS, RAISING THE GROSS INCOME ELIGIBILITY LEVEL FOR SNAP, SECURING FUNDING FOR FOOD SUPPORT AND CAPITAL IMPROVEMENTS, EXPANDING FARM TO SCHOOL, BUILDING A NEW FOOD SHELF IN ST. PAUL, AND PROVIDING MEAL DELIVERY SUPPORT TO VETERANS.

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

(Expenses \$ 704,982. including grants of \$ 315,250.) (Revenue \$ 0.)

4e Total program service expenses 12,774,361.

Form **990** (2022)

Part IV Checklist of Required Schedules

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

Form 990 (2022)

HUNGER SOLUTIONS MINNESOTA

36-3567366

Page 4

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	9
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Form 990 (2022)

HUNGER SOLUTIONS MINNESOTA

36-3567366

Page 5

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Form 990 (2022)

HUNGER SOLUTIONS MINNESOTA

36-3567366

Page 6

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	13			
b Enter the number of voting members included on line 1a, above, who are independent		13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

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.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
COLLEEN MORIARTY - 651-486-9860
555 PARK STREET, STE 400, ST PAUL, MN 55103

Form 990 (2022)

HUNGER SOLUTIONS MINNESOTA

36-3567366

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of 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				156,537.	0.	18,805.
(2) RACHEL HOLMES ASSOCIATE DIRECTOR	40.00			X				94,760.	0.	9,349.
(3) JULIE ROBEY PRESIDENT	2.00	X		X				0.	0.	0.
(4) LYDIA BJORGE VICE PRESIDENT	2.00	X		X				0.	0.	0.
(5) RYAN CARRIGAN SECRETARY	2.00	X		X				0.	0.	0.
(6) MARY MITCHELL TREASURER	2.00	X		X				0.	0.	0.
(7) DR. NEIL BRATNEY DIRECTOR	1.00	X						0.	0.	0.
(8) JODIE DVORKIN DIRECTOR	1.00	X						0.	0.	0.
(9) SCOTT VAN DAELE DIRECTOR	1.00	X						0.	0.	0.
(10) ERIN MAYE QUADE PAST DIRECTOR	1.00	X						0.	0.	0.
(11) LEYLA BARI DIRECTOR	1.00	X						0.	0.	0.
(12) STEVEN KRIKAVA DIRECTOR	1.00	X						0.	0.	0.
(13) JALILIA ABDUL-BROWN DIRECTOR	1.00	X						0.	0.	0.
(14) HEATHER ALDEN DIRECTOR	1.00	X						0.	0.	0.
(15) ANDREW CHELSETH DIRECTOR	1.00	X						0.	0.	0.
(16) CARLA KOHLER DIRECTOR	1.00	X						0.	0.	0.

Form 990 (2022)

HUNGER SOLUTIONS MINNESOTA

36-3567366

Page **9****Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	12,175,858.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	846,348.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a <u>CONTRACTS</u>	Business Code	900099	366,319.	366,319.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			366,319.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			23,185.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other	32,187.			
b Less: cost or other basis and sales expenses		7b		32,187.			
c Gain or (loss)		7c		0.			
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a <u>MISCELLANEOUS REVENUE</u>	Business Code	624210	19,598.			19,598.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			19,598.			
	12 Total revenue. See instructions			13,431,308.	366,319.	0.	42,783.

Form 990 (2022)

HUNGER SOLUTIONS MINNESOTA36-3567366 Page **10****Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	11,649,204.	11,649,204.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	279,451.	223,561.	55,890.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	552,656.	400,643.	73,900.	78,113.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,619.	9,601.	2,091.	1,927.
9 Other employee benefits	33,275.	18,218.	7,294.	7,763.
10 Payroll taxes	63,872.	48,229.	9,436.	6,207.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	31,912.	14,241.	17,671.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,706.		7,706.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	433,654.	223,377.	210,277.	
12 Advertising and promotion	40,525.	35,498.	3,906.	1,121.
13 Office expenses	163,221.	108,351.	47,346.	7,524.
14 Information technology				
15 Royalties				
16 Occupancy	77,261.	43,438.	33,823.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,948.		9,948.	
23 Insurance	7,862.		7,862.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SPECIAL PROJECTS	4,348.			4,348.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,368,514.	12,774,361.	487,150.	107,003.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

HUNGER SOLUTIONS MINNESOTA

36-3567366 Page 11

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	725,016.	1	748,255.
	2 Savings and temporary cash investments	786,391.	2	797,929.
	3 Pledges and grants receivable, net	27,903.	3	0.
	4 Accounts receivable, net	320,961.	4	336,142.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	12,092.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	36,358.	9	5,947.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	116,811.		
	b Less: accumulated depreciation	111,007.		
	11 Investments - publicly traded securities	15,752.	10c	5,804.
	12 Investments - other securities. See Part IV, line 11	1,069,650.	11	882,903.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,994,123.	15		
Liabilities	17 Accounts payable and accrued expenses	2,776,980.	16	2,776,980.
	18 Grants payable	319,110.	17	167,727.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	25,837.	19	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	171,428.	21	259,110.
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25		25	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.	516,375.	26	426,837.
	27 Net assets without donor restrictions			
	28 Net assets with donor restrictions	2,264,060.	27	2,105,801.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.	213,688.	28	244,342.
	29 Capital stock or trust principal, or current funds			
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances		31	
	33 Total liabilities and net assets/fund balances	2,477,748.	32	2,350,143.
		2,994,123.	33	2,776,980.

Form 990 (2022)

Form 990 (2022)

HUNGER SOLUTIONS MINNESOTA

36-3567366 Page 12

Part XI Reconciliation of Net AssetsCheck 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	13,431,308.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,368,514.
3	Revenue less expenses. Subtract line 2 from line 1	3	62,794.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,477,748.
5	Net unrealized gains (losses) on investments	5	-190,399.
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	2,350,143.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
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 _____	3b	X

Form 990 (2022)

Schedule A (Form 990) 2022

HUNGER SOLUTIONS MINNESOTA

36-3567366 Page 2

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	586,790.	3242716.	12977643.	4531943.	13022206.	34361298.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	586,790.	3242716.	12977643.	4531943.	13022206.	34361298.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						34361298.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	586,790.	3242716.	12977643.	4531943.	13022206.	34361298.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27,283.	24,803.	23,203.	27,074.	23,185.	125,548.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						34486846.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.64	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.19	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to 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).		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

HUNGER SOLUTIONS MINNESOTA

36-3567366 Page 7

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

**** PUBLIC DISCLOSURE COPY ******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 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

HUNGER SOLUTIONS MINNESOTA**36-3567366****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization4947(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).**LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.****Schedule B (Form 990) (2022)**

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>309,708.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>312,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>331,844.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>8,791,667.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,693,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HUNGER SOLUTIONS MINNESOTA**36-3567366****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.

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

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 for instructions and the latest information.

OMB No. 1545-0047

2022Open 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 July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under 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) 2022

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
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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:

- (i) Unrelated organizations
 (ii) Related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		116,811.	111,007.	5,804.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,804.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

HUNGER SOLUTIONS MINNESOTA

36-3567366 Page 3

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

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

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 ... ☒

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

HUNGER SOLUTIONS MINNESOTA

36-3567366 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements	1	13,233,203.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-190,399.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-190,399.
3	Subtract line 2e from line 1	3	13,423,602.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,706.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	7,706.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,431,308.

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

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

1	Total expenses and losses per audited financial statements	1	13,360,808.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	13,360,808.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,706.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	7,706.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,368,514.

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 OTHERS 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

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 for the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number

36-3567366**Part I** General Information on Grants and Assistance**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?☒ **Yes**☐ **No****2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
360 COMMUNITIES 501 E HWY 13 STE 112 BURNSVILLE, MN 55337	41-0987708	501(C)(3)	47,611.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
360 COMMUNITIES-FARMINGTON 501 E HWY 13 STE 112 BURNSVILLE, MN 55337	41-0987708	501(C)(3)	12,393.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
360 COMMUNITIES-MESSIAH FEED MY SHEEP - 501 E HWY 13 STE 112 - BURNSVILLE, MN 55337	41-0987708	501(C)(3)	12,367.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
360 COMMUNITIES-ROSEMOUNT FAMILY RESOURCE CENTER - 501 E HWY 13 STE 112 - BURNSVILLE, MN 55337	41-0987708	501(C)(3)	13,265.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
360 COMMUNITIES-SHEPHERD OF THE VALLEY FOOD SHELF - 501 E HWY 13 STE 112 - BURNSVILLE, MN 55337	41-0987708	501(C)(3)	12,900.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
A PLACE FOR HOPE - RECOVERY AND WELLNESS CENTER - 2419 12TH AVE S, STE 1 - MOORHEAD, MN 56560	41-1922618	501(C)(3)	18,278.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table**205.****3** Enter total number of other organizations listed in the line 1 table**12.**

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

Schedule I (Form 990) 2022

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
AEOA (SILVER BAY FOOD SHELF INCLUDED) - 99 EDISON BLVD - SILVER BAY, MN 55614	41-6052144	501(C)(3)	5,599.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
ALL SEASONS COMMUNITY SERVICES 518 2ND STREET KENYON, MN 55946	41-1572417	501(C)(3)	13,055.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
AMERICAN INDIAN COMMUNITY HOUSING ORGANIZATION - 202 WEST 2ND STREET - DULUTH, MN 55802	41-0782394	501(C)(3)	250,000.	0.			2022 ARPA TRIBAL NATIONS GRANT
ANNANDALE FOOD SHELF P.O. BOX 94 ANNANDALE, MN 55302	36-3297407	501(C)(3)	13,995.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
ANOKA COUNTY BROTHERHOOD COUNCIL FOOD SHELF - PO BOX 774 - ANOKA, MN 55303	51-0155191	501(C)(3)	18,980.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
AREA FOOD SHELF OF NEW RICHLAND PO BOX 12 NEW RICHLAND, MN 56072	45-5632734	501(C)(3)	12,585.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
AUGSBURG UNIVERSITY 2211 RIVERSIDE AVE MINNEAPOLIS, MN 55454	41-0694721	501(C)(3)	12,000.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
AURORA-HOYT LAKES-BIWABIK-PALO AREA FOOD SHELF - 203 SOUTH 2ND STREET EAST - AURORA, MN 55705	41-6052144	501(C)(3)	12,699.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
AVON FOOD SHELF, INC (ST. BENEDICTS) - 212 1ST STREET SW DOOR 1 - AVON, MN 56310	26-2821812	501(C)(3)	5,699.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
BARNESVILLE AREA FOOD PANTRY 106 FRONT STREET BARNESVILLE, MN 56514	26-2821812	501(C)(3)	12,441.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
BECKER COUNTY FOOD PANTRY 1308 ROSSMAN AVE DETROIT LAKES, MN 56501	36-3332912	501(C)(3)	13,902.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
BELLE PLAINE FOOD SHELF 128 NORTH MERIDIAN BELLE PLAINE, MN 56011	37-1638207	501(C)(3)	12,868.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
BEMIDJI COMMUNITY FOOD SHELF 1260 EXCHANGE AVE SE BEMIDJI, MN 56601	41-1494430	501(C)(3)	15,508.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
BIG LAKE COMMUNITY FOOD SHELF 160 LAKE ST. N. BIG LAKE, MN 55309	41-1820136	501(C)(3)	16,394.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
BIG STONE COUNTY AREA FOOD SHELF (PRAIRIE FIVE) - 125 2ND STREET NW - ORTONVILLE, MN 56278	41-0904802	501(C)(3)	12,243.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
BOIS FORTE BAND OF CHIPPEWA 5344 LAKESHORE DRIVE NETT LAKE, MN 55772	41-0954784		302,560.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
BOUNTIFUL BASKET FOOD SHELF 1600 BAVARIA ROAD CHASKA, MN 55318	84-2309087	501(C)(3)	14,159.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
BRAHAM AREA FOOD SHELF P O BOX 245 BRAHAM, MN 55080	41-1647405	501(C)(3)	12,352.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
BRIDGEPOINTE COMMUNITY CHURCH - FOOD SHELF - 121 17TH STREET N. - MOORHEAD, MN 56560	41-6160135	501(C)(3)	17,225.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
BROOTEN-BELGRADE-ELROSA AREA FOOD SHELF - P.O. 136 - BROOTEN, MN 56312	20-1537307	501(C)(3)	12,334.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CAER FOOD SHELF COMMUNITY AID OF ELK RIVER - 12621 ELK LAKE RD. NW - ELK RIVER, MN 55330	41-1415484	501(C)(3)	16,097.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CALVARY LUTHERAN CHURCH 3901 CHICAGO AVE MINNEAPOLIS, MN 55407	41-0705762	501(C)(3)	14,333.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
CALVARY LUTHERAN CHURCH FOOD SHELF CALVARY LUTHERAN CHURCH MINNEAPOLIS, MN 55407	41-0705762	501(C)(3)	19,289.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CAMPUS CUPBOARD 331 DILLON AVENUE MANKATO, MN 56001	41-1896237	501(C)(3)	13,068.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CAPI USA 5930 BROOKLYN BLVD. BROOKLYN CENTER, MN 55429	41-1417198	501(C)(3)	15,400.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CARE AND SHARE OF CROOKSTON, INC. 220 E. 3RD ST. CROOKSTON, MN 56716	14-1560222	501(C)(3)	17,000.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CARING HEARTS IN ACTION MINNESOTA 423 3RD STREET FARMINGTON, MN 55024	82-4150967	501(C)(3)	12,413.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
CATHOLIC CHARITIES EMERGENCY SERVICES - ST. CLOUD - 157 ROOSEVELT RD. SUITE #100 - ST. CLOUD, MN 56301	41-0737790	501(C)(3)	18,028.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CATHOLIC CHARITIES OF ST. PAUL & MINNEAPOLIS - 341 CHESTER STREET - ST. PAUL, MN 55107	41-1302487	501(C)(3)	17,433.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CEAP 7051 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55429	41-0990340	501(C)(3)	18,454.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CENTENNIAL COMMUNITY FOOD SHELF P.O. BOX 8 CIRCLE PINES, MN 55014	45-5579732	501(C)(3)	13,466.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CHANGE STARTS WITH COMMUNITY 1201 WEST BROADWAY STE 2 MINNEAPOLIS, MN 55411	86-3745860	501(C)(3)	35,114.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
CHANNEL ONE FOOD SHELF 131 35TH STREET SE ROCHESTER, MN 55904	41-1379713	501(C)(3)	43,797.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CHANNEL ONE, INC. 131 35TH STREET SE ROCHESTER, MN 55904	41-1379713	501(C)(3)	23,170.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
CHATFIELD UNITED METHODIST 124 WINONA ST SE CHATFIELD, MN 55923	41-1465518	501(C)(3)	14,966.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
CHIPPEWA COUNTY FOOD SHELF 719 N 7TH STREET MONTEVIDEO, MN 56265	41-0904802	501(C)(3)	12,508.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
CHISHOLM FOOD SHELF 208 W LAKE ST CHISHOLM, MN 55719	41-6052144	501(C)(3)	12,731.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CHRISTIAN CUPBOARD EMERGENCY FOOD SHELF - 8264 4TH STREET NORTH - OAKDALE, MN 55128	36-3298764	501(C)(3)	35,502.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CHURCH OF THE INCARNATION FOOD SHELF-MINNEAPOLIS - 3817 PLEASANT AVE S - MINNEAPOLIS, MN 55409	41-0760816	501(C)(3)	18,490.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CHURCHES UNITED FOR THE HOMELESS 1308 MAIN AVE MOORHEAD, MN 56560	41-1594892	501(C)(3)	9,624.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
CHURCHES UNITED FOR THE HOMELESS-MOORHEAD - 1901 1ST AVE N - MOORHEAD, MN 56560	41-1594892	501(C)(3)	19,931.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CHURCHES UNITED IN MINISTRY 120 NORTH FIRST AVE. WEST DULUTH, MN 55802	41-1227969	501(C)(3)	7,303.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
CHURCHES UNITED IN MINISTRY DULUTH 102 WEST SECOND STREET DULUTH, MN 55802	41-1227969	501(C)(3)	15,622.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CLEARWATER CLEAR LAKE EMERGENCY FOOD SHELF - PO BOX 324 - CLEARWATER, MN 55320	74-3144457	501(C)(3)	12,409.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CLEARWATER COUNTY FOOD SHELF PO BOX 578 BAGLEY, MN 56621	47-5127382	501(C)(3)	12,656.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
CLEARWATER COUNTY FOOD SHELF, INC 114 MAIN AVE. N BAGLEY, MN 56621	41-0136323	501(C)(3)	10,482.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
CLIMAX PARISH FOOD SHELF 104 BROADWAY CLIMAX, MN 56523	41-0845736	501(C)(3)	15,609.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
CLIMAX PARISH FOOD SHELF 37430 320TH ST SW CLIMAX, MN 56523	41-0845736	501(C)(3)	12,424.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
COMET'S CUPBOARD-CONCORDIA FOOD SHELF - 1282 CONCORDIA AVE. - ST. PAUL, MN 55104	41-0696906	501(C)(3)	12,134.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
COMMUNITY ACTION CENTER - FARIBAULT FOOD ACCESS INITIATIVE - 1400 CANNON CIRCLE, SUITE #8 - FARIBAULT, MN 55021	41-0970984	501(C)(3)	13,526.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
COMMUNITY ACTION CENTER OF NORTHFIELD - 1651 JEFFERSON PKWY SUITE HS-200 - NORTHFIELD, MN 55057	41-0970984	501(C)(3)	15,123.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
COMMUNITY BRIDGE FOOD SHELF 2400 PARK AVE S MINNEAPOLIS, MN 55404	46-2308775	501(C)(3)	21,560.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
COMMUNITY EMERGENCY SERVICES-MINNEAPOLIS - 1900 11TH AVENUE SOUTH - MINNEAPOLIS, MN 55404	41-1728341	501(C)(3)	17,559.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
COMMUNITY FOOD SHELF - FIRST LUTHERAN CHURCH - 107 2ND STREET SE - AITKIN, MN 56431	41-0711461	501(C)(3)	12,443.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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 PATHWAYS OF STEELE COUNTY - 155 OAKDALE ST - OWATONNA, MN 55060	41-1593592	501(C)(3)	19,056.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
COMUNIDADES LATINAS UNIDAS EN SERVICIO (CLUES) - 797 E 7TH STREET - SAINT PAUL, MN 55106	41-1386986	501(C)(3)	19,892.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
COMUNIDADES LATINAS UNIDAS EN SERVICIO (CLUES)-LAKE STREET - 797 E 7TH STREET - SAINT PAUL, MN 55106	41-1386986	501(C)(3)	12,792.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
COOK COMMUNITY FOOD SHELF PO BOX 633 COOK, MN 55723	41-0908605	501(C)(3)	12,310.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CROSS CENTER OF BENTON COUNTY P O BOX 205 FOLEY, MN 56329	41-1444107	501(C)(3)	12,529.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CROSS SERVICES 12915 WEINAND CIRCLE ROGERS, MN 55374	41-1314577	501(C)(3)	21,316.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
CROSSLAKE FOOD SHELF 34212 COUNTY ROAD 3 CROSSLAKE, MN 56442	41-1397273	501(C)(3)	14,516.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
CROSSLAKE FOOD SHELF PO BOX 253 CROSSLAKE, MN 56442	41-1397273	501(C)(3)	12,442.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
CUYUNA RANGE FOOD SHELF P.O. BOX 33 CROSBY, MN 56441	41-1811512	501(C)(3)	12,354.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
DEER RIVER AREA FOOD SHELF PO BOX 2 DEER RIVER, MN 56636	41-1476506	501(C)(3)	12,307.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
DEPARTMENT OF INDIAN WORK 1671 SUMMIT AVE ST. PAUL, MN 55105	41-0694741		263,417.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
DIVISION OF INDIAN WORK 1001 EAST LAKE STREET MINNEAPOLIS, MN 55407	81-5265328		263,492.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
EAST GRAND FORKS FOOD SHELF 1715 3RD AVE NW EAST GRAND FORKS, MN 56721	41-1864049	501(C)(3)	12,773.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
ECHO FOOD SHELF 1014 SOUTH FRONT STREET MANKATO, MN 56001	41-1429214	501(C)(3)	23,709.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
EDEN VALLEY FOOD SHELF PO BOX 298 EDEN VALLEY, MN 55329	27-3112523	501(C)(3)	12,059.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
ELIJAH'S PANTRY LIVING WATERS FELLOWSHIP TWO HARBORS, MN 55616-1451	41-0907044	501(C)(3)	12,115.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
ELY AREA FOOD SHELF 15 W CONAN ST ELY, MN 55731	85-1121626	501(C)(3)	32,648.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
EMERGENCY COMMUNITY HELP ORGANIZATION - 1014 S FRONT ST - MANKATO, MN 56001	41-1429214	501(C)(3)	6,590.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
EMILY EMERGENCY FOOD SHELF PO BOX 93, 20948 COUNTY ROAD 1 EMILY, MN 56447	45-3504397	501(C)(3)	12,100.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
FALLS HUNGER COALITION 900 5TH STREET #104 INTERNATIONAL FALLS, MN 56649	36-3602229	501(C)(3)	12,618.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
FAMILY PATHWAYS CAMBRIDGE FOOD SHELF - 1575 1ST AVE E - CAMBRIDGE, MN 55008	41-1332828	501(C)(3)	24,069.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
FAMILY PATHWAYS CHISAGO LAKES FOOD SHELF - 10586 LIBERTY LANE - CHISAGO CITY, MN 55013	41-1332828	501(C)(3)	12,771.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
FAMILY PATHWAYS FOREST LAKE FOOD SHELF - 935 LAKE STREET S - FOREST LAKE, MN 55025	41-1332828	501(C)(3)	13,000.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
FAMILY PATHWAYS MOBILE FOOD TRUCK 1575 1ST AVE E CAMBRIDGE, MN 55008	41-1332828	501(C)(3)	12,203.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
FAMILY PATHWAYS NORTH BRANCH FOOD SHELF - 6381 MAIN ST - NORTH BRANCH, MN 55056	41-1332828	501(C)(3)	12,889.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
FAMILY PATHWAYS ONAMIA FOOD SHELF 502 E MAIN ST ONAMIA, MN 56359	41-1332828	501(C)(3)	18,211.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
FAMILY PATHWAYS PINE COMMUNITY FOOD SHELF - 220 7TH ST. SW. - PINE CITY, MN 55063	41-1332828	501(C)(3)	25,582.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PATHWAYS SANDSTONE FOOD SHELF - 314 MAIN ST - SANDSTONE, MN 55072	41-1332828	501(C)(3)	20,086.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
FATHER'S HEART AND HANDS PO BOX 99 REMER, MN 56672	20-0599764	501(C)(3)	12,166.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
FERGUS FALLS COMMUNITY FOOD SHELF PO BOX 136 FERGUS FALLS, MN 56537	41-1558108	501(C)(3)	12,570.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
FERTILE-BELTRAMI FOOD SHELF PO BOX 388 FERTILE, MN 56540	41-1713067	501(C)(3)	12,033.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
FIRST BAPTIST CHURCH - BLESSINGS FOOD SHELF - 7398 FAIRVIEW RD. - BAXTER, MN 56425	41-6029149	501(C)(3)	13,005.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
FISHES AND LOAVES FOOD SHELF-PROGRESSIVE BAPTIST CHURCH, INC. - 1505 BURNS AVENUE - SAINT PAUL, MN 55106	41-1720681	501(C)(3)	12,507.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
FLOODWOOD AREA FOOD SHELF-FLOODWOOD SERVICES & TRAINING, INC. - BOX 347 - FLOODWOOD, MN 55736	41-1296075	501(C)(3)	12,115.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA - 1720 BIG LAKE ROAD - CLOQUET, MN 55720	41-0965719		299,667.	0.			2022 ARPA TRIBAL NATIONS GRANT
FRIENDS FOR LIFE FOOD SHELF 309 LEWIS AVE. S. WATERTOWN, MN 55388	41-1645058	501(C)(3)	12,181.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
FRIENDS IN NEED FOOD SHELF-ST. PAUL PARK - P.O. BOX 6 - COTTAGE GROVE, MN 55016	41-1794212	501(C)(3)	15,293.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
FRONT AND CENTER EYOTA MINISTRIES, INC. - PO BOX 1311 - EYOTA, MN 55934	85-4288423	501(C)(3)	12,291.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
FULDA FOOD SHELF, INC. 305 S. LAFAYETTE AVENUE FULDA, MN 56131	80-0277374	501(C)(3)	18,260.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
GARRISON AREA CAREGIVERS FOOD SHELF - PO 336 - GARRISON, MN 56450	20-2899659	501(C)(3)	12,402.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
GARRISON AREA CAREGIVERS, INC. 9541 MADISON ST GARRISON, MN 56450	20-2899659	501(C)(3)	8,980.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
GLENDAL FOOD SHELF 92 ST MARY'S AVE SE MINNEAPOLIS, MN 55414	41-0873798	501(C)(3)	13,454.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
GLYNDON COMMUNITY FOOD PANTRY 414 PARKE AV S GLYNDON, MN 56547	41-6170568	501(C)(3)	9,010.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
GOOD IN THE HOOD 2101 CHICAGO AVE S MINNEAPOLIS, MN 55404	01-0768296	501(C)(3)	35,472.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
GOOD IN THE 'HOOD 2827 NEWTON AVE N MINNEAPOLIS, MN 55411	01-0768296	501(C)(3)	5,474.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
GOOD IN THE 'HOOD 800 WEST BROADWAY AVE N MINNEAPOLIS, MN 55411	01-0768296	501(C)(3)	8,492.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
GOOD IN THE 'HOOD 8600 BLOOMINGTON AVE S BLOOMINGTON, MN 55425	01-0768296	501(C)(3)	7,404.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
GOOD WORKS FOOD SHELF-RESCUE NOW SERVICES - PO BOX 18456 - MINNEAPOLIS, MN 55418	34-1983933	501(C)(3)	16,426.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
GRACE LUTHERAN CHURCH FOOD SHELF 903 CHARLES SAINT PAUL, MN 55104	51-0188545	501(C)(3)	12,111.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
GRAND MEADOW FAITH COMMUNITY FOOD SHELF - PO BOX 306 - GRAND MEADOW, MN 55936	71-0986682	501(C)(3)	12,153.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
GRAND PORTAGE BAND OF LAKE SUPERIOR FOOD SHELF - PO BOX 428 - GRAND PORTAGE, MN 55605	41-0969619		289,733.	0.			2022 ARPA TRIBAL NATIONS GRANT
GREATER MOUNT VERNON BAPTIST CHURCH - 1800 DUPONT AVENUE N - MINNEAPOLIS, MN 55411	41-1462077	501(C)(3)	12,529.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
GROVELAND EMERGENCY FOOD SHELF 1900 NICOLLET AVENUE MINNEAPOLIS, MN 55403	41-1933266	501(C)(3)	19,713.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
HALLIE Q. BROWN COMMUNITY CENTER 270 N. KENT STREET ST. PAUL, MN 55102	41-0693846	501(C)(3)	14,577.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
HALLIE Q. BROWN COMMUNITY CENTER FOOD SHELF - 270 N KENT STREET - ST. PAUL, MN 55104	41-0693846	501(C)(3)	7,727.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
HARVEST CHURCH 7123 HWY 6 N REMER, MN 56672	41-1705327	501(C)(3)	5,180.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
HASTINGS FAMILY SERVICES 301 2ND ST E HASTINGS, MN 55033-1207	23-7083534	501(C)(3)	12,885.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
HAYFIELD COMMUNITY FOOD PANTRY P.O. BOX 224 HAYFIELD, MN 55940	41-1921523	501(C)(3)	13,979.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
HEAVENS TABLE FOOD SHELF 909 WINNEBAGO AVE FAIRMONT, MN 56031	45-3075078	501(C)(3)	8,354.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
HEAVEN'S TABLE FOOD SHELF PO 745 FAIRMONT, MN 56031	45-3075078	501(C)(3)	13,000.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
HELPING HANDS EMERGENCY SERVICES PO BOX 182 MAHNOMEN, MN 56557	41-1476426	501(C)(3)	12,195.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
HENNING COMMUNITY FOOD SHELF PO BOX 176 HENNING, MN 56551-0176	45-5536480	501(C)(3)	12,207.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
HIGH RISE MOBILE FOOD SHELF 554 N 8TH AVENUE MINNEAPOLIS, MN 55411	41-0873798	501(C)(3)	16,883.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
HOMETOWN RESOURCE CENTER SOUTHEAST / MN RURAL EDUCATION AND RESOURCE CENTER - 1244 WHITEWATER AVE - ST. CHARLES, MN 55972	41-1603419	501(C)(3)	12,688.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
HOPE FOR THE COMMUNITY 1264 109TH AVENUE NE BLAINE, MN 55434	46-3680832	501(C)(3)	5,003.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
HOPE FOR THE COMMUNITY 11600 RAVEN ST NW COON RAPIDS, MN 55433	46-3680832	501(C)(3)	9,139.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
HOPE FOR THE COMMUNITY 1264 109TH AVENUE N.E BLAINE, MN 55434	46-3680832	501(C)(3)	46,738.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
HOSANNA LUTHERAN CHURCH - HOSANNA'S PANTRY - 2815 57TH ST NW - ROCHESTER, MN 55901	41-1620929	501(C)(3)	12,245.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
HOUSE OF REFUGE OUTREACH TWIN CITES - 520 ATWATER CIRCLE - SAINT PAUL, MN 55103	87-1348866	501(C)(3)	31,132.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
HOUSTON COMMUNITY FOOD SHELF PO BOX 685 HOUSTON, MN 55943	46-0909052	501(C)(3)	12,270.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
HUGO GOOD NEIGHBORS FOOD SHELF PO BOX 373 HUGO, MN 55038	26-4627293	501(C)(3)	12,552.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
INTERCONGREGATION COMMUNITIES ASSOCIATION-ICA FOOD SHELF - 12990 ST DAVIDS ROAD - MINNETONKA, MN 55305	41-0979010	501(C)(3)	19,644.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
INTER-COUNTY COMMUNITY COUNCIL FOOD SHELF - P O BOX 189 - OKLEE, MN 56742	41-0888083	501(C)(3)	12,098.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
ISLE AREA FOOD SHELF PO BOX 344 ISLE, MN 56342-0344	47-2752251	501(C)(3)	12,305.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
JACKSON FOOD SHELF 1229 NORTH HWY JACKSON, MN 56143	82-3776868	501(C)(3)	13,393.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
JACKSON FOOD SHELF INC. 1229 NORTH HWY JACKSON, MN 56143	82-3776868	501(C)(3)	5,665.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
JANESVILLE COMMUNITY FOOD SHELF 412 N MAIN ST. JANESVILLE, MN 56048	41-0705855	501(C)(3)	12,514.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
JERICHO ROAD MINISTRIES 1628 EAST 33RD STREET MINNEAPOLIS, MN 55407	03-0406197	501(C)(3)	23,174.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
JORDAN AREA FOOD SHELF 312 WATER STREET JORDAN, MN 55352	27-0950386	501(C)(3)	15,984.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
JORDAN AREA FOOD SHELF 312 WATER STREET JORDAN, MN 55352	27-0950386	501(C)(3)	12,289.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
JOYCE UPTOWN FOOD SHELF 3041 FREMONT AVE S MINNEAPOLIS, MN 55408	46-3081535	501(C)(3)	16,261.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
KANDIYOHI COUNTY FOOD SHELF 624 PACIFIC AVE SW WILLMAR, MN 56201	41-1432367	501(C)(3)	14,866.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
KEYSTONE COMMUNITY SERVICES 1916 UNIVERSITY AVE W ST. PAUL, MN 55104	41-0693924	501(C)(3)	7,464.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
KEYSTONE COMMUNITY SERVICES 2000 ST. ANTHONY AVE ST. PAUL, MN 55104	41-0693924	501(C)(3)	11,769.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
KEYSTONE COMMUNITY SERVICES-MIDWAY 2000 SAINT ANTHONY AVE SAINT PAUL, MN 55104	41-0693924	501(C)(3)	14,103.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
KEYSTONE COMMUNITY SERVICES-RICE STREET FOOD SHELF - 2000 SAINT ANTHONY AVE - SAINT PAUL, MN 55104	41-0693924	501(C)(3)	17,126.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
LA CRESCENT FOOD SHELF 436 S. 6TH ST. LA CRESCENT, MN 55947	20-2665775	501(C)(3)	9,466.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
LA CENTER FOOD SHELF 15 SOUTH PARK AVENUE LE CENTER, MN 56057	20-4334307	501(C)(3)	12,507.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
LAKE OF THE WOODS FOOD SHELF PO BOX 928 BAUDETTE, MN 56623	46-1363977	501(C)(3)	12,142.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
LAKES AREA FOOD SHELF PO BOX 724 NISSWA, MN 56468	41-1715784	501(C)(3)	13,130.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
LAPORTE COMMUNITY FOOD SHELF BOX 69 LAPORTE, MN 56461	41-1466412	501(C)(3)	12,158.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
LE CENTER FOOD SHELF 15 SOUTH PARK AVENUE LE CENTER, MN 56057	20-4334307	501(C)(3)	12,164.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
LE SUEUR FOOD SHELF, INC 427 SOUTH 5TH STREET LE SUEUR, MN 56058	27-1127818	501(C)(3)	8,743.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
LEECH LAKE BAND OF OJIBWE 6280 UPPER CASS FRONTAGE ROAD CASS LAKE, MN 56633-3058	41-1242052		319,533.	0.			2022 ARPA TRIBAL NATIONS GRANT
LIFEGATE SERVICES 1300 10TH AVE NW ROCHESTER, MN 55906	47-1965877	501(C)(3)	12,475.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
LITTLE KITCHEN FOOD SHELF-GRACE LUTHERAN CHURCH - 1500 6TH ST NE - MINNEAPOLIS, MN 55413	20-8796060	501(C)(3)	12,629.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
LIVING WATERS FELLOWSHIP 709 5TH STREET (SIDE ENTRANCE) TWO HARBORS, MN 55616	41-0907044	501(C)(3)	6,132.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
LOAVES AND FISHES FOOD SHELF - FOSSTON - 203 JOHNSON S - FOSSTON, MN 56542	41-0764073	501(C)(3)	12,345.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
LONGVILLE FOOD SHELF PO BOX 308 LONGVILLE, MN 56655	46-3478081	501(C)(3)	12,368.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
LONSDALE AREA FOOD SHELF 7525 GARFIELD AVE LONSDALE, MN 55046	45-3328914	501(C)(3)	12,236.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
LOWER SIOUX INDIAN COMMUNITY PO BOX 420 MORTON, MN 56270	41-1501664		414,733.	0.			2022 ARPA TRIBAL NATIONS GRANT
MAHTOMEDI AREA FOOD SHELF 700 MAHTOMEDI AVE MAHTOMEDI, MN 55115	41-0764101	501(C)(3)	12,436.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MANNA FOOD PANTRY INC. MANNA FOOD PANTRY WORTHINGTON, MN 56187	33-1113804	501(C)(3)	14,083.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MANNA MARKET - LINWOOD COVENANT CHURCH - 6565 VIKING BOULEVARD NE - WYOMING, MN 55092	41-1506326	501(C)(3)	12,785.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MANNA MARKET - YOUTHWAY MINISTRIES 3301 92ND AVE. NE BLAINE, MN 55449	90-0647630	501(C)(3)	27,901.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MAPLE RIVER LOAVES AND FISHES PO BOX 227 MAPLETON, MN 56065	45-5336214	501(C)(3)	13,255.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MAPLE RIVER LOAVES AND FISHES FOOD SHELF - 104 N. CENTRAL AVE - MAPLETON, MN 56065	45-5336214	501(C)(3)	19,017.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
MAZEPPA AREA FOOD SHELF PO BOX 35 MAZEPPA, MN 55956	47-2608718	501(C)(3)	12,042.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
MCGREGOR FOOD SHELF 45898 ST. HWY 65 MCGREGOR, MN 55760	41-1749827	501(C)(3)	9,800.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MCLEOD EMERGENCY FOOD SHELF 719 13TH ST E GLENCOE, MN 55336	41-1470696	501(C)(3)	31,435.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
MCLEOD EMERGENCY FOOD SHELF-HUTCHINSON - 719 13TH ST E - GLENCOE, MN 55336	41-1470696	501(C)(3)	12,000.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MEEKER AREA FOOD SHELF 118 N. SIBLEY AVE. LITCHFIELD, MN 55355	41-1459645	501(C)(3)	13,169.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MELROSE AREA FOOD SHELF PO BOX 112 MELROSE, MN 56352	41-1957479	501(C)(3)	12,840.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MENAHGA FOOD SHELF PO BOX 243 MENAHGA, MN 56464	85-1113705	501(C)(3)	12,153.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MERRICK COMMUNITY SERVICES 1669 ARCADE STREET SAINT PAUL, MN 55106	41-0693851	501(C)(3)	28,228.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MILLE LACS BAND OF OJIBWE INDIANS 43408 OODENA DR. ONAMIA, MN 56359	41-1886671		306,700.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MINNEAPOLIS CENTRAL CHURCH OF CHRIST - 1922 4TH AVE N. - MPLS, MN 55441	41-1661528	501(C)(3)	15,543.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
MINNEHAHA UMC FOOD SHELF 3701 E 50TH STREET MINNEAPOLIS, MN 55417	41-0789393	501(C)(3)	13,889.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MINNEHAHA UNITED METHODIST CHURCH 3701 E 50TH STREET MINNEAPOLIS, MN 55417	41-0789393	501(C)(3)	17,552.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
MONTICELLO HELP CENTER 224 WEST 3RD STREET PO BOX 1220 MONTICELLO, MN 55362	41-1668149	501(C)(3)	15,177.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MOOSE LAKE AREA FOOD SHELF PO BOX 128 MOOSE LAKE, MN 55767	80-0642004	501(C)(3)	12,582.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MORA FOOD PANTRY 214 NW RAILROAD AVENUE MORA, MN 55051	41-1457824	501(C)(3)	10,301.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
MORA FOOD PANTRY PO BOX 434 MORA, MN 55051	41-1457824	501(C)(3)	13,022.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
MORRISON COUNTY FOOD SHELF 912 1ST AVE SW LITTLE FALLS, MN 56345	41-1678333	501(C)(3)	13,358.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MOTLEY AREA FOOD SHELF PO BOX 525 MOTLEY, MN 56466	41-1824330	501(C)(3)	12,400.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
MOUNTAIN LAKE COMMUNITY FOOD SHELF 1027 2ND AVE MOUNTAIN LAKE, MN 56159	41-1861037	501(C)(3)	12,535.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
MURRAY COUNTY FOOD SHELF 2989 MAPLE ROAD SLAYTON, MN 56172	38-3714513	501(C)(3)	12,297.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
NEIGHBORHOOD HOUSE 179 ROBIE STREET EAST SAINT PAUL, MN 55107	41-0693916	501(C)(3)	17,599.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
NEIGHBORHOOD HOUSE-FRANCIS BASKET 179 ROBIE STREET EAST SAINT PAUL, MN 55107	41-0693916	501(C)(3)	12,754.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
NEIGHBORS HELPING NEIGHBORS FOOD SHELF - PO BOX 101 - NASHWAUK, MN 55769	27-1685000	501(C)(3)	12,243.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
NEIGHBORS INC. 222 GRAND AVE. W. SOUTH ST. PAUL, MN 55075	41-1360294	501(C)(3)	14,809.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
NEIGHBORS UNITED RESOURCE CENTER 415 9TH AVE., SUITE 202 GRANITE FALLS, MN 56241	41-1637586	501(C)(3)	12,522.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
NEW CREATION BAPTIST CHURCH (NCBC FOOD SHELF) - 1414 E. 48TH ST. - MINNEAPOLIS, MN 55417	41-2018782	501(C)(3)	17,526.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
NEW CREATIONS MINISTRIES COGIC 5144 13TH AVE S MINNEAPOLIS, MN 55417	42-1637667	501(C)(3)	23,427.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
NEW OIL CHRISTIAN CENTER 4050 UPTON AVENUE NORTH MINNEAPOLIS, MN 55412	26-4556121	501(C)(3)	14,107.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
NEW ULM AREA EMERGENCY FOOD SHELF PO BOX 761 NEW ULM, MN 56073	41-1431867	501(C)(3)	12,415.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
NEW YORK MILLS FOOD SHELF PO BOX 323 NEW YORK MILLS, MN 56567	41-1718771	501(C)(3)	12,124.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
NORTH ANOKA COUNTY EMERGENCY FOOD SHELF (NACE) - PO BOX 002 - CEDAR, MN 55011	31-1673282	501(C)(3)	14,507.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
NORTH HENNEPIN COMMUNITY COLLEGE FOOD CUPBOARD - 7411 85TH AVENUE NORTH - BROOKLYN PARK, MN 55445	41-1687554	501(C)(3)	31,795.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
NORTH ST. PAUL AREA FOOD SHELF 2538 SEPPALA BLVD NORTH ST PAUL, MN 55109	36-3617858	501(C)(3)	13,233.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
NORTHERN ITASCA EMERGENCY FOOD SHELF - 200 MAIN AVE. PO BOX 152 - BIGFORK, MN 56628	36-3512185	501(C)(3)	12,199.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
NORTHOME COMMUNITY FOOD SHELF 12059 MAIN STREET NORTHOME, MN 56661	27-3585068	501(C)(3)	18,349.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
NORTHOME COMMUNITY FOOD SHELF P O BOX 236 NORTHOME, MN 56661	27-3585068	501(C)(3)	12,066.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
NORTHPOINT HEALTH AND WELLNESS CENTER - 1256 PENN AVENUE NORTH, SUITE 5300 - MINNEAPOLIS, MN 55411	20-0898277	501(C)(3)	19,881.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
NORTHWEST INDIAN COMMUNITY DEVELOPMENT CENTER - 1819 BEMIDJI AVENUE NORTH - BEMIDJI, MN 56601	36-3505641		250,000.	0.			2022 ARPA TRIBAL NATIONS GRANT
NUWAY MBC 1530 RUSSELL AVE. N. MINNEAPOLIS, MN 55411	42-1584070	501(C)(3)	6,921.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
OASIS CHURCH 3819 18TH AVE. NW ROCHESTER, MN 55901	41-6032807	501(C)(3)	12,115.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
OGILVIE FOOD SHELF PO BOX 117 OGILVIE, MN 56358	41-1937148	501(C)(3)	12,154.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
ONE MINNESOTA 995 UNIVERSITY AVE ST. PAUL, MN 55104	85-2967518	501(C)(3)	20,307.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
OPEN HANDS MIDWAY, INC. 436 ROY ST. N ST. PAUL, MN 55104	26-4618393	501(C)(3)	17,695.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
ORONOCO FOOD SHELF 20 THIRD STREET SW ORONOCO, MN 55960	82-2913068	501(C)(3)	12,322.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
OUR LADY OF THE LAKE CATHOLIC CHURCH - 2443 COMMERCE BLVD - MOUND, MN 55364	41-0718339	501(C)(3)	12,642.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
OUR SAVIORS LUTHERAN CHURCH 1909 ST. PAUL ROAD OWATONNA, MN 55060	41-0943390	501(C)(3)	12,347.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
OUR SAVIOUR'S COMMUNITY SERVICES 2315 CHICAGO AVE MINNEAPOLIS, MN 55404	20-0810105	501(C)(3)	12,177.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
OUTREACH FOOD SHELF 1205 LAKE STREET ALEXANDRIA, MN 56308	20-2556435	501(C)(3)	13,834.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PALISADE ASSEMBLY OF GOD FOOD SHELF - 209 NORTH THIRD AVE - PALISADE, MN 56469	41-1484301	501(C)(3)	12,000.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PAYNESVILLE COMMUNITY SERVICE CENTER - 110 LAKE AVE S. PO BOX 194 - PAYNESVILLE, MN 56362	20-1227234	501(C)(3)	12,754.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PELICAN RAPIDS COMMUNITY FOOD SHELF - 300 4TH AVE SE - PELICAN RAPIDS, MN 56572	41-1591403	501(C)(3)	12,387.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PEOPLE REACHING OUT TO PEOPLE (PROP) - 14700 MARTIN DRIVE - EDEN PRAIRIE, MN 55344	41-1430172	501(C)(3)	15,455.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PERHAM FOOD SHELF DBA THE BRIDGE COMMUNITY PANTRY - PO BOX 7 - PERHAM, MN 56573	41-1647960	501(C)(3)	13,315.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PIERZ AREA FOOD SHELF PO BOX 383 PIERZ, MN 56364	20-2048638	501(C)(3)	12,406.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PILLAGER AREA FAMILY CENTER-FOOD SHELF - 305 FIR AVENUE W - PILLAGER, MN 56473	41-1811057	501(C)(3)	12,184.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
PILLSBURY UNITED COMMUNITIES - BRIAN COYLE - 3650 FREMONT AVE N - MINNEAPOLIS, MN 55412	41-0916478	501(C)(3)	16,038.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PILLSBURY UNITED COMMUNITIES - WAITE HOUSE - 420 15TH AVE. S. - MINNEAPOLIS, MN 55454	41-0916478	501(C)(3)	14,328.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PINE ISLAND SHARING SHELVES PO BOX 145 PINE ISLAND, MN 55963	41-1697527	501(C)(3)	12,452.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PINE RIVER AREA FOOD SHELF P.O. BOX 1 PINE RIVER, MN 56474	41-1851010	501(C)(3)	12,527.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PIPESTONE COUNTY AREA FOOD SHELF 223 2ND STREET N W PIPESTONE, MN 56164	55-0888466	501(C)(3)	13,163.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PIPESTONE COUNTY FOOD SHELF, INC. 223 2ND STREET N W PIPESTONE, MN 56164	55-0888466	501(C)(3)	62,589.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
PLAINVIEW ELGIN AREA FOOD SHELF P.O. BOX 274 ELGIN, MN 55957	42-1654116	501(C)(3)	12,770.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PRAIRIE FIVE CAC 106 ST OLAF AVE CANBY, MN 56220	41-0904802	501(C)(3)	7,630.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
PRAIRIE FIVE COMMUNITY ACTION-YELLOW MEDICINE/CANBY FOOD SHELF - 106 ST OLAF AVE N - CANBY, MN 56220	41-0904802	501(C)(3)	12,108.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
PRAIRIE ISLAND INDIAN COMMUNITY 5636 STURGEON LAKE ROAD WELCH, MN 55089	41-1231069		289,734.	0.			2022 ARPA TRIBAL NATIONS GRANT
PRINCETON PANTRY 104 6TH AVE. S. PRINCETON, MN 55371	41-1589398	501(C)(3)	12,686.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PRISM 1220 ZANE AVE N GOLDEN VALLEY, MN 55422	41-1442049	501(C)(3)	19,831.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
PROCTOR FOOD SHELF 100 PIONK DRIVE PROCTOR, MN 55810	36-3479964	501(C)(3)	10,612.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
QUAD CITY FOOD SHELF 8367 ENTERPRISE N MT. IRON, MN 55768	41-6052144	501(C)(3)	7,702.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
QUAD CITY FOOD SHELF AEOA 8367 ENTERPRISE DRIVE NORTH MT. IRON, MN 55768	41-6052144	501(C)(3)	15,015.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
REACH-RURAL ENRICHMENT AND COUNSELING HEADQUARTERS. INC - PO BOX 237 - HAWLEY, MN 56549	41-1716149	501(C)(3)	12,089.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
RED LAKE BAND OF CHIPPEWA INDIANS 24388 HIGHWAY 1 EAST, PO BOX 574 RED LAKE, MN 56671	41-0692381		319,533.	0.			2022 ARPA TRIBAL NATIONS GRANT
RED LAKE FALLS FOOD SHELF 105 INTERNATIONAL DRIVE RED LAKE FALLS, MN 56750	41-0695521	501(C)(3)	7,949.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
RED LAKE FALLS FOOD SHELF 518 CHAMPAGNE AVE SW RED LAKE FALLS, MN 56750	41-0695521	501(C)(3)	12,114.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
RED WING AREA FOOD SHELF 1755 OLD WEST MAIN ST. RED WING, MN 55066	41-1415594	501(C)(3)	13,334.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
REDWOOD FALLS AREA FOOD SHELF 231 E 2ND ST #4 REDWOOD FALLS, MN 56283-0352	41-1991695	501(C)(3)	12,420.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
RENVILLE COUNTY FOOD SHELF 108 SOUTH 9TH STREET OLIVIA, MN 56277	41-1461947	501(C)(3)	12,867.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
RIVERWORKS FOOD SHELF PO BOX 213 ROCKFORD, MN 55373	26-4143579	501(C)(3)	13,025.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
ROCHESTER COMMUNITY CHURCH 971 16TH ST SE ROCHESTER, MN 55904	41-6189914	501(C)(3)	12,095.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
ROCORI AREA FOOD SHELF 217 MAIN ST COLD SPRING, MN 56320	90-1032706	501(C)(3)	12,366.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
ROSEAU COUNTY FOOD SHELF PO BOX 142 ROSEAU, MN 56751	20-1390848	501(C)(3)	12,431.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SABATHANI COMMUNITY CENTER FOOD SHELF - 310 E 38TH ST STE 200 - MINNEAPOLIS, MN 55409	41-0984859	501(C)(3)	16,178.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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 ALBERT LEA 302 COURT STREET ALBERT LEA, MN 56007	36-2167910	501(C)(3)	12,673.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY ANOKA COUNTY 1201 89TH AVENUE NE #130 BLAINE, MN 55434	36-2167910	501(C)(3)	12,684.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY AUSTIN 409 FIRST AVENUE NE AUSTIN, MN 55912	36-2167910	501(C)(3)	13,592.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY BRAINERD LAKES 208 S 5TH STREET BRAINERD, MN 56401	36-2167910	501(C)(3)	12,351.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY CENTRAL-NEED 316 CARLTON AVENUE CLOQUET, MN 55720	36-2167910	501(C)(3)	13,041.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY CLOQUET 13801 FAIRVIEW DR. BURNSVILLE, MN 55337	36-2167910	501(C)(3)	12,642.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY DAKOTA COUNTY 13801 FAIRVIEW DR. BURNSVILLE, MN 55337	36-2167910	501(C)(3)	15,101.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY DULUTH 215 SOUTH 27TH AVENUE WEST DULUTH, MN 55806	36-2167910	501(C)(3)	17,355.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY FAIRMONT - MARTIN COUNTY FOOD SHELF - 303 DOWNTOWN PLAZA - FAIRMONT, MN 56031	36-2167910	501(C)(3)	12,168.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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 HIBBING 107 HOWARD STREET HIBBING, MN 55746	36-2167910	501(C)(3)	20,452.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY INTERNATIONAL FALLS 1301 3RD AVENUE WEST INTERNATIONAL FALLS, MN 56649	36-2167910	501(C)(3)	12,014.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY MONTGOMERY 51 ELM AVENUE SE MONTGOMERY, MN 56069	36-2167910	501(C)(3)	12,325.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY NOBLE 10011 NOBLE PARKWAY N BROOKLYN PARK, MN 55443	36-2167910	501(C)(3)	13,531.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY PARKVIEW WORSHIP AND SERVICE CENTER - 2024 LYNDAL AVE N - MINNEAPOLIS, MN 55411	36-2167910	501(C)(3)	12,661.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY ROCHESTER 20 1ST AVE NE ROCHESTER, MN 55906	36-2167910	501(C)(3)	12,438.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SALVATION ARMY WEST 7TH-ST. PAUL 401 WEST SEVENTH STREET ST. PAUL, MN 55082	36-2167910	501(C)(3)	34,038.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SANFORD HEALTH OF NORTHERN MINNESOTA - 1300 ANNE ST NW - BEMIDJI, MN 56601	41-1266009	501(C)(3)	12,000.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SCOTT CARVER DAKOTA CAP AGENCY FOOD SHELF-SHAKOPEE - 738 1ST AVE E - SHAKOPEE, MN 55379-1547	41-0903890	501(C)(3)	16,055.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
SEBEKA AREA FOOD SHELF 100 S. JEFFERSON SEBEKA, MN 56477	41-1471690	501(C)(3)	12,175.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SECOND HARVEST FOOD SHELF OF GRAND RAPIDS - PO BOX 5130 - GRAND RAPIDS, MN 55744	41-1782776	501(C)(3)	15,670.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SECOND HARVEST NORTHERN LAKES FOOD BANK - 4503 AIRPARK BOULEVARD - DULUTH, MN 55811	36-3479964	501(C)(3)	6,219.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
SECOND HARVEST NORTHERN LAKES FOOD BANK - 615 12TH STREET - CLOQUET, MN 55720	36-3479964	501(C)(3)	8,491.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
SECOND HARVEST NORTHERN LAKES FOOD BANK - 73 UPPER ROAD - GRAND PORTAGE, MN 55605	36-3479964	501(C)(3)	30,194.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
SECOND HARVEST NORTHERN LAKES FOOD BANK-HERMANTOWN AREA FOOD SHELF - 4503 AIRPARK BOULEVARD - DULUTH, MN 55811	36-3479964	501(C)(3)	13,367.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SEMCAC DODGE COUNTY FOOD SHELF 204 S. ELM STREET, PO BOX 549 RUSHFORD, MN 55971	41-0907135	501(C)(3)	12,919.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SEMCAC HOUSTON COUNTY FOOD SHELF 204 S. ELM STREET, PO BOX 549 RUSHFORD, MN 55971	41-0907135	501(C)(3)	12,821.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SEMCAC PRESTON FOOD SHELF 204 S. ELM STREET, PO BOX 549 RUSHFORD, MN 55971	41-0907135	501(C)(3)	12,471.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
SEMCAC RUSHFORD FOOD SHELF 204 S. ELM STREET, PO BOX 549 RUSHFORD, MN 55971	41-0907135	501(C)(3)	12,319.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SENIOR FOOD SHELF-MINNEAPOLIS 1801 CENTRAL AVENUE NE MINNEAPOLIS, MN 55418	41-0873798	501(C)(3)	12,747.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SIBLEY COUNTY FOODSHARE 111 INDUSTRIAL AVE, PO BOX 676 GAYLORD, MN 55334	41-1442943	501(C)(3)	12,559.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SIMPSON FOOD PANTRY SUMC 2740 1ST AVENUE SOUTH MINNEAPOLIS, MN 55408	36-2167731	501(C)(3)	15,069.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SOCIETY OF ST. VINCENT DE PAUL PANTRY - 617 3RD AVE. NW - FARIBAULT, MN 55021	32-0310950	501(C)(3)	14,309.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SOURCE MN P.O. BOX 8212 MINNEAPOLIS, MN 55408	41-1588666	501(C)(3)	25,027.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SOUTHERN ANOKA COMMUNITY ASSISTANCE INC. - 627 38TH AVE NE - COLUMBIA HEIGHTS, MN 55421	41-1272131	501(C)(3)	22,515.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SOUTHLAND FAITH COMMUNITY FOOD SHELF - 308 NW LEWISON STREET - ADAMS, MN 55909	41-0694743	501(C)(3)	12,170.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SOUTHWEST CARVER COUNTY FOOD SHELF 10 FIRST AVENUE NE NORWOOD YOUNG AMERICA, MN 55397	41-1913960	501(C)(3)	12,247.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
ST. JOHN'S FOOD SHELF 241 LINE ST S P.O. BOX 128 WYKOFF, MN 55990	41-6006384	501(C)(3)	12,131.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
ST. LOUIS PARK EMERGENCY PROGRAM (STEP) - 6812 WEST LAKE STREET - ST. LOUIS PARK, MN 55426	51-0188692	501(C)(3)	13,872.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
ST. OLAF LUTHERAN CHURCH 2901 EMERSON AVENUE NORTH MINNEAPOLIS, MN 55411	41-0760822	501(C)(3)	6,121.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
ST. PAUL'S UNITED CHURCH OF CHRIST-HENDERSON FOOD SHELF - P.O. BOX 35 - HENDERSON, MN 56044	41-0732179	501(C)(3)	12,558.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
ST. PETER AREA FOOD SHELF 201B S 3RD ST ST. PETER, MN 56082	41-1761515	501(C)(3)	20,685.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
STAPLES AREA FOOD SHELF PO BOX 82 STAPLES, MN 56479	41-1457258	501(C)(3)	12,157.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
SWIFT COUNTY FOOD SHELF-PRAIRIE FIVE COMMUNITY ACTION - PO BOX 321 - BENSON, MN 56215	41-0904802	501(C)(3)	12,456.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
THE ALIVENESS PROJECT 3808 NICOLLET AVE MINNEAPOLIS, MN 55409	41-1593900	501(C)(3)	17,763.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
THE BUFFALO FOOD SHELF COUNCIL 301 12TH AVENUE SOUTH BUFFALO, MN 55313	41-1888259	501(C)(3)	13,826.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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 CAMDEN PROMISE 4656 COLFAX AVE N MINNEAPOLIS, MN 55416	36-4685968	501(C)(3)	31,330.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
THE CORNERSTONE FOOD PANTRY PO BOX 489 HALLOCK, MN 56728	41-0797351	501(C)(3)	12,268.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
THE LINK OF NORTHERN KANDIYOHI COUNTY - PO BOX 823 - NEW LONDON, MN 56273	82-1911575	501(C)(3)	12,308.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
THE OPEN DOOR 14750 BURNSVILLE PKWY BURNSVILLE, MN 55306	27-0415900	501(C)(3)	84,464.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
THE OPEN DOOR 3910 RAHN RD EAGAN, MN 55122	27-0415900	501(C)(3)	27,174.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
THE SALVATION ARMY 316 CARLTON AVENUE CLOQUET, MN 55720	36-2167910	501(C)(3)	10,748.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
THE SALVATION ARMY 151 ELM AVENUE SE MONTGOMERY, MN 56069	36-2167910	501(C)(3)	15,763.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
THE SALVATION ARMY - NOBLE THE SALVATION ARMY BROOKLYN PARK, MN 55443	36-2167910	501(C)(3)	5,815.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
THE SALVATION ARMY FERGUS FALLS CORPS - 622 VERNON AVENUE - FERGUS FALLS, MN 56537	36-2167910	501(C)(3)	12,007.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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 SALVATION ARMY LAKEWOOD 2080 WOODLYNN AVENUE MAPLEWOOD, MN 55109	41-0698597	501(C)(3)	5,867.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
THE SALVATION ARMY LAKEWOOD CORPS 2080 WOODLYN AVENUE MAPLEWOOD, MN 55109	36-2167910	501(C)(3)	12,909.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
THE SALVATION ARMY- MINNEAPOLIS TEMPLE - 1604 E LAKE STREET - MINNEAPOLIS, MN 55407	41-0698597	501(C)(3)	23,229.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
THE SALVATION ARMY OF DULUTH 215 SOUTH 27TH AVENUE WEST DULUTH, MN 55806	36-2167910	501(C)(3)	18,000.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
THE SALVATION ARMY- ST. CLOUD 400 HWY 10 S ST. CLOUD, MN 56304	36-2167910	501(C)(3)	31,666.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
THE SALVATION ARMY ST. CLOUD CORPS 400 HWY 10 S ST CLOUD, MN 56304	36-2167910	501(C)(3)	18,809.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
THE SALVATION ARMY ST. PAUL EASTSIDE CORPS - 1019 PAYNE AVENUE - ST PAUL, MN 55130	36-2167910	501(C)(3)	18,136.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
THE SALVATION ARMY TEMPLE CORPS 1604 EAST LAKE STREET MINNEAPOLIS, MN 55407	36-2167910	501(C)(3)	15,285.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
THE SANNEH FOUNDATION 3334 20TH AVE S MINNEAPOLIS, MN 55407	56-2332269	501(C)(3)	9,182.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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 SANNEH FOUNDATION 1276 UNIVERSITY AVE W. ST. PAUL, MN 55104	56-2332269	501(C)(3)	63,064.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
THE VILLAGE IN WATERTOWN 205 NORTH FIRST STREET WATERTOWN, MN 56096	81-4574956	501(C)(3)	13,429.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
THE VINEYARD CHURCH-FRUIT OF THE VINE FOOD SHELF - 1533 W ARROWHEAD RD - DULUTH, MN 55811	41-1680001	501(C)(3)	13,771.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
THIEF RIVER FALLS AREA FOOD SHELF 16330 150TH STREET NE THIEF RIVER FALLS, MN 56701	41-1744242	501(C)(3)	24,375.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
TRAVERSE COUNTY FOOD SHELF 15 10TH STREET SOUTH WHEATON, MN 56583	41-1531811	501(C)(3)	12,100.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
TRI-COMMUNITY FOOD SHELF 49739 153 PLACE TAMARACK, MN 55787-4446	26-4571237	501(C)(3)	12,150.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
TWO HARBORS AREA FOOD SHELF 2124 10TH ST. TWO HARBORS, MN 55616	47-1321541	501(C)(3)	12,555.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
UNITED WAY OF FREEBORN COUNTY, INC. - PO BOX 686 - ALBERT LEA, MN 56007	41-0956396	501(C)(3)	12,671.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
UPPER SIOUX COMMUNITY 5722 TRAVERS LANE, PO BOX 147 GRANITE FALLS, MN 56241	41-0916290		414,733.	0.			2022 ARPA TRIBAL NATIONS GRANT

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
URBAN VENTURES LEADERSHIP FOUNDATION - 2924 4TH AVE. SO. - MINNEAPOLIS, MN 55408	36-3558710	501(C)(3)	12,000.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
VALLEY OUTREACH - STILLWATER 1911 CURVE CREST BLVD. WEST STILLWATER, MN 55082	41-1452973	501(C)(3)	21,786.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
VEAP, INC. 9600 ALDRICH AVE S BLOOMINGTON, MN 55420	41-6175999	501(C)(3)	25,956.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
VERNDAL AREA FOOD SHELF 402 NE. CLARK DR. VERNDAL, MN 56481	42-1696989	501(C)(3)	12,320.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
VINEYARD CHRISTIAN FELLOWSHIP DULUTH - VINEYARD CHURCH - DULUTH, MN 55811	41-1680001	501(C)(3)	13,651.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
VINEYARD COMMUNITY SERVICES-FRUIT OF THE VINE FOOD SHELF - 1533 W ARROWHEAD RD - DULUTH, MN 55811	41-1680001	501(C)(3)	14,797.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WABASHA AREA FOOD SHARE PO BOX 174 WABASHA, MN 55981	41-1543085	501(C)(3)	12,546.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WABASHA AREA FOOD SHARE, INC. 142 2ND ST. WEST WABASHA, MN 55981	41-1543085	501(C)(3)	17,538.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
WABASSO AREA FOOD EMERGENCY RESERVE INC. - 743 MAIN ST - WABASSO, MN 56293	41-1538914	501(C)(3)	9,330.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
WACONIA UNITED FOOD SHELF PO BOX 577 WACONIA, MN 55387	47-1667774	501(C)(3)	13,713.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WALKER AREA FOOD SHELF PO BOX 1101 WALKER, MN 56484	41-1517569	501(C)(3)	12,509.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WARREN EMERGENCY FOOD SHELF 109 S MINNESOTA ST P.O. BOX 144 WARREN, MN 56762-	41-1640373	501(C)(3)	5,550.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WATONWAN COUNTY FOOD SHELF PO BOX 123 SAINT JAMES, MN 56081	41-1446978	501(C)(3)	13,121.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WE CARE PROJECT FOOD SHELF PO BOX 84 MORGAN, MN 56266	27-3214113	501(C)(3)	12,516.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WECAN (WESTERN COMMUNITIES ACTION NETWORK) - 5213 SHORELINE DRIVE - MOUND, MN 55364	41-1466409	501(C)(3)	12,490.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WELLS AREA FOOD SHELF PO BOX 12 WELLS, MN 56097	41-1783467	501(C)(3)	12,348.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WEST AFRICAN FAMILY & COMMUNITY SERVICES - 7200 BROOKLYN BLVD - BROOKLYN CENTER, MN 55429	82-2337036	501(C)(3)	21,771.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WESTONKA FOOD SHELF 2385 COMMERCE BLVD. MOUND, MN 55364	41-0718339	501(C)(3)	18,295.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)

Schedule I (Form 990)

Schedule I (Form 990)

HUNGER SOLUTIONS MINNESOTA**36-3567366**

Page 1

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
WHITE BEAR AREA EMERGENCY FOOD SHELF - 1884 WHITAKER STREET - WHITE BEAR LAKE, MN 55110	41-1459604	501(C)(3)	20,403.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WHITE EARTH NATION 35500 EAGLE VIEW ROAD PO BOX 418 WHITE EARTH, MN 56591	41-0886671	501(C)(3)	12,000.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WINONA VOLUNTEER SERVICES 402 EAST SECOND STREET WINONA, MN 55987	23-7376207	501(C)(3)	14,373.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WOODLAND HILLS CHURCH 1740 VAN DYKE STREET MAPLEWOOD, MN 55109	41-1731974	501(C)(3)	15,212.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
WORTHINGTON CHRISTIAN CHURCH FOOD SHELF - 1501 N. DOUGLAS - WORTHINGTON, MN 56187-7354	41-1310362	501(C)(3)	12,587.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WRIGHT COUNTY COMMUNITY ACTION 130 DIVISION ST W MAPLE LAKE, MN 55358	41-0904809	501(C)(3)	12,872.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
WRIGHT COUNTY COMMUNITY ACTION(WCCA) - 411 ELM AVE - WAVERLY, MN 55390	41-0904809	501(C)(3)	16,370.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)
YOUTHLINK - FOOD SHELF 41 N 12TH ST MINNEAPOLIS, MN 55403	41-1341773	501(C)(3)	18,323.	0.			2022 AMERICAN RESCUE PLAN ACT GRANT (ARPA)
YOUTHWAY MINISTRIES 8299 CENTRAL AVE. NE SPRING LAKE PARK, MN 55432	90-0647630	501(C)(3)	6,402.	0.			2022 - 2023 ANNUAL MINNESOTA FOOD SHELF PROGRAM GRANT (MFSP)

Schedule I (Form 990)

Page 1

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

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:

GRANTEES WHEN COMPLETING THE APPLICATION AGREE TO A SET OF ASSURANCES FOR

THE FUNDING THAT WAS LISTED ON THE APPLICATION. AT THE END OF THE

APPLICATION, IT STATES THAT BY ACCEPTING THIS GRANT, THE ABOVE PROVIDER

AGREES TO USE THE FUNDS IN ACCORDANCE WITH FEDERAL, STATE & LOCAL LAWS,

RULES & REGULATIONS AND TERMS AND CONDITIONS AS REQUIRED BY HUNGER

SOLUTIONS MINNESOTA AND THE STATE OF MINNESOTA.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**

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 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection

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

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

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

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

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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

1b**2****4a****4b****4c****5a****5b****6a****6b****7****8****9**

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

Schedule J (Form 990) 2022

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

[illegible]

**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 for the latest information.

OMB No. 1545-0047

2022Open 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:

COLLABORATION GRANT, EMERGENCY GRANTS AND THE ARPA GRANTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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
2022, HUNGER SOLUTIONS MINNESOTA DISTRIBUTED OVER 10,985,700 POUNDS OF
FOOD TO FOOD SHELVES AND ON-SITE MEAL PROGRAMS ACROSS MINNESOTA VIA
TEFAP.

EXPENSES \$ 704,982. INCLUDING GRANTS OF \$ 315,250. REVENUE \$ 0.

MINNESOTA FOOD HELPLINE

MINNESOTA FOOD HELPLINE IS AN OVER-THE-PHONE RESOURCES LINE THAT
PROVIDE 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 2022, THE MINNESOTA

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

Schedule O (Form 990) 2022

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

FOOD HELPLINE RECEIVED 13,651 CALLS TO THE HELPLINE. OF THOSE, 1,362 CALLERS WERE SCREENED FOR SNAP. THE REMAINING CALLS WERE GIVEN INFORMATION ON OTHER RESOURCES OR PROGRAMS SUCH AS THE EBT SERVICE CENTER, THE PANDEMIC EBT (P-EBT) PROGRAM, LOCAL FOOD SHELF, AND MORE.

MARKET BUCKS PROGRAM

THE MARKET BUCKS PROGRAM IS A \$2-FOR-\$1 MATCH ON SNAP CUSTOMERS SPENDING OF UP TO \$10 EACH MARKET VISIT AT 105 PARTICIPATING FARMERS AND MOBILE MARKETS STATEWIDE, ALLOWING CUSTOMERS TO STRETCH THEIR FOOD BUDGET TO BUY MORE FRESH, LOCAL, AND AFFORDABLE FOOD. IN 2022, OVER 6,300 CUSTOMERS COMPLETED 36,000 SNAP TRANSACTIONS AND SPENT \$551,332 IN SNAP AND \$315,277 IN MARKET BUCKS AND \$290,220 IN PRODUCE MARKET BUCKS. THIS WAS A RECORD YEAR FOR THE PROGRAM, CREATING OVER \$1.7 MILLION IN ECONOMIC ACTIVITY FOR THE STATE.

SNAP RX

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 2022, HUNGER SOLUTIONS MINNESOTA RECEIVED 2,051 PATIENT REFERRALS FROM OVER 45 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.

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

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

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 AUDITED FINANCIAL STATEMENTS ARE POSTED TO THE ORGANIZATION'S WEBSITE.
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND ANY OTHER DOCUMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S MAIN OFFICE.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

HUNGER SOLUTIONS MINNESOTA
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020



CPAs | CONSULTANTS | WEALTH ADVISORS

CLAAconnect.com

**HUNGER SOLUTIONS MINNESOTA
TABLE OF CONTENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF FINANCIAL POSITION	4
STATEMENTS OF ACTIVITIES	5
STATEMENTS OF FUNCTIONAL EXPENSES	7
STATEMENTS OF CASH FLOWS	8
NOTES TO FINANCIAL STATEMENTS	9



INDEPENDENT AUDITORS' REPORT

Board of Directors
Hunger Solutions Minnesota
St. Paul, Minnesota

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Hunger Solutions Minnesota, which comprise the statements of financial position as of December 31, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hunger Solutions Minnesota as of December 31, 2021, and the change in net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Hunger Solutions Minnesota and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Hunger Solutions Minnesota's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Hunger Solutions Minnesota's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Hunger Solutions Minnesota's ability to continue as a going concern for a reasonable period of time.

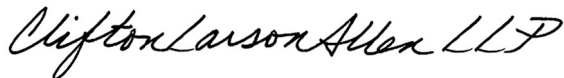
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information identified as food and household products (supplementary information) in Note 9 which is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Matter

The 2020 financial statements of Hunger Solutions Minnesota were audited by other auditors whose report dated September 7, 2021, expressed an unmodified opinion on those statements.

A handwritten signature in black ink that reads "CliftonLarsonAllen LLP". The signature is written in a cursive, flowing style.

CliftonLarsonAllen LLP

Minneapolis, Minnesota
July 28, 2022

**HUNGER SOLUTIONS MINNESOTA
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2021 AND 2020**

ASSETS	<u>2021</u>	<u>2020</u>
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 1,539,310	\$ 1,418,814
Investments	1,069,650	986,663
Contributions Receivable	27,903	164,201
Accounts Receivable	303,850	94,347
Accounts Receivable - Agency	1,300	30,835
Prepaid Expenses	36,358	110,055
Total Current Assets	<u>2,978,371</u>	<u>2,804,915</u>
PROPERTY AND EQUIPMENT, Net		
Furniture and Office Equipment	116,811	125,258
Less: Accumulated Depreciation	(101,059)	(86,993)
Property and Equipment, Net	<u>15,752</u>	<u>38,265</u>
Total Assets	<u><u>\$ 2,994,123</u></u>	<u><u>\$ 2,843,180</u></u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	\$ 185,870	\$ 202,725
Accrued Expenses	133,240	33,023
Deferred Revenue	25,837	354,327
Funds Held in Agency	171,428	303,607
Total Current Liabilities	<u>516,375</u>	<u>893,682</u>
NET ASSETS		
Without Donor Restrictions:		
Undesignated	1,814,060	1,394,498
Designated for New Initiatives and Projects	450,000	500,000
Total Without Donor Restrictions	<u>2,264,060</u>	<u>1,894,498</u>
With Donor Restrictions	213,688	55,000
Total Net Assets	<u>2,477,748</u>	<u>1,949,498</u>
Total Liabilities and Net Assets	<u><u>\$ 2,994,123</u></u>	<u><u>\$ 2,843,180</u></u>

See accompanying Notes to Financial Statements.

**HUNGER SOLUTIONS MINNESOTA
STATEMENT OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2021**

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUE			
Contributions	\$ 448,685	\$ 350,000	\$ 798,685
Government Contributions	3,733,258	-	3,733,258
Program Services	701,483	-	701,483
Investment Income, Net	78,134	-	78,134
Net Assets Released from Restrictions	191,312	(191,312)	-
Total Revenue	<u>5,152,872</u>	<u>158,688</u>	<u>5,311,560</u>
EXPENSES			
Program Services:			
Food Shelf Capacity	3,364,717	-	3,364,717
SNAP Outreach	549,672	-	549,672
Advocacy	536,018	-	536,018
Program Services	4,450,407	-	4,450,407
Management and General	278,351	-	278,351
Fundraising	54,552	-	54,552
Total Expenses	<u>4,783,310</u>	<u>-</u>	<u>4,783,310</u>
CHANGE IN NET ASSETS	369,562	158,688	528,250
Net Assets - Beginning of Year	<u>1,894,498</u>	<u>55,000</u>	<u>1,949,498</u>
NET ASSETS - END OF YEAR	<u>\$ 2,264,060</u>	<u>\$ 213,688</u>	<u>\$ 2,477,748</u>

See accompanying Notes to Financial Statements.

**HUNGER SOLUTIONS MINNESOTA
STATEMENT OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2020**

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUE			
Contributions	\$ 1,078,734	\$ 55,000	\$ 1,133,734
Government Contributions	11,843,909	-	11,843,909
Program Services	446,455	-	446,455
Investment Income, Net	91,374	-	91,374
Net Assets Released from Restrictions	25,000	(25,000)	-
Total Revenue	<u>13,485,472</u>	<u>30,000</u>	<u>13,515,472</u>
EXPENSES			
Program Services:			
Food Shelf Capacity	11,662,460	-	11,662,460
SNAP Outreach	665,760	-	665,760
Advocacy	208,923	-	208,923
Program Services	<u>12,537,143</u>	<u>-</u>	<u>12,537,143</u>
Management and General	119,107	-	119,107
Fundraising	35,906	-	35,906
Total Expenses	<u>12,692,156</u>	<u>-</u>	<u>12,692,156</u>
CHANGE IN NET ASSETS	793,316	30,000	823,316
Net Assets - Beginning of Year	<u>1,101,182</u>	<u>25,000</u>	<u>1,126,182</u>
NET ASSETS - END OF YEAR	<u><u>\$ 1,894,498</u></u>	<u><u>\$ 55,000</u></u>	<u><u>\$ 1,949,498</u></u>

See accompanying Notes to Financial Statements.

HUNGER SOLUTIONS MINNESOTA
STATEMENTS OF FUNCTIONAL EXPENSES
YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021			
	Program Services	Management and General	Fundraising	Total
Salaries, Taxes, and Benefits	\$ 843,148	\$ 103,106	\$ 45,889	\$ 992,143
Grants to Members	3,064,172	-	-	3,064,172
Professional Services	402,357	35,100	-	437,457
Office and Administration	113,740	33,215	5,663	152,618
Program Marketing	26,990	3,098	500	30,588
Special Projects and Events	-	-	2,500	2,500
Rent	-	75,350	-	75,350
Insurance	-	5,969	-	5,969
Depreciation	-	22,513	-	22,513
Total Expenses by Function	<u>\$ 4,450,407</u>	<u>\$ 278,351</u>	<u>\$ 54,552</u>	<u>\$ 4,783,310</u>

	2020			
	Program Services	Management and General	Fundraising	Total
Salaries, Taxes, and Benefits	\$ 851,826	\$ 39,641	\$ 27,042	\$ 918,509
Grants to Members	10,945,755	-	-	10,945,755
Professional Services	402,518	35,360	-	437,878
Office and Administration	210,436	22,960	7,071	240,467
Program Marketing	19,226	5,796	-	25,022
Special Projects and Events	28,717	-	-	28,717
Rent	70,947	415	1,793	73,155
Insurance	5,718	1,505	-	7,223
Depreciation	2,000	13,430	-	15,430
Total Expenses by Function	<u>\$ 12,537,143</u>	<u>\$ 119,107</u>	<u>\$ 35,906</u>	<u>\$ 12,692,156</u>

See accompanying Notes to Financial Statements.

**HUNGER SOLUTIONS MINNESOTA
STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ 528,250	\$ 823,316
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:		
Depreciation	22,513	15,430
Dividends and Interest Reinvested	26,839	20,535
Net Realized and Unrealized Gains on Investments	(87,111)	(95,710)
(Increase) Decrease in:		
Contributions Receivables	136,298	52,813
Accounts Receivable	(209,503)	5,858
Accounts Receivable, Agency	29,535	(16,932)
Prepaid Expenses	73,697	(103,650)
Increase (Decrease) in:		
Accounts Payable	(16,855)	(12,405)
Accrued Expenses	100,217	1,583
Deferred Revenue	(328,490)	333,052
Funds Held in Agency	(132,179)	(49,313)
Net Cash Provided by Operating Activities	<u>143,211</u>	<u>974,577</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of Property and Equipment	-	(25,700)
Purchase of Investments	(171,255)	(166,596)
Sale of Investments	148,540	154,299
Net Cash Used by Investing Activities	<u>(22,715)</u>	<u>(37,997)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	120,496	936,580
Cash and Cash Equivalents - Beginning of Year	<u>1,418,814</u>	<u>482,234</u>
CASH AND CASH EQUIVALENTS - END OF YEAR	<u><u>\$ 1,539,310</u></u>	<u><u>\$ 1,418,814</u></u>

See accompanying Notes to Financial Statements.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Hunger Solutions Minnesota (the Organization) works to end hunger in our state. We take action to assure food security for all Minnesotans by supporting programs and agencies that provide food to those in need, advancing sound public policy, building grassroots advocacy, and informing and educating critical stakeholders about the status of hunger in Minnesota.

As the only statewide anti-hunger organization whose services reach every county of Minnesota, we are not only fighting against hunger today, but also finding long-term solutions to end hunger in the future through the following programs:

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.

Minnesota Food HelpLine

The Minnesota Food HelpLine is an over-the-phone resources line that provides SNAP eligibility screenings and enrollment assistance, and referral services to other food resource programs such as food shelves, WIC, Meals on Wheels, farmers markets, and more.

In fiscal year (FY) 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 such as the EBT Service Center, the Pandemic EBT (P-EBT) program, local food shelf, and more.

Market Bucks

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 FY2021, over 17,000 SNAP customers spent \$410,646 in SNAP/EBT and \$208,346 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.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

SNAP Outreach (Continued)

SNAP Rx

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 FY2021, Hunger Solutions Minnesota received 1,184 patient referrals from over 80 clinic partners.

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 their local communities.

Food Shelf Funding

In FY2021, 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 (MSFP) Grants, Cultural Collaboration and Equipment Grants, and the CCRSA Grants.

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 FY2021, Hunger Solutions Minnesota distributed over 17 million pounds of food to food shelves and on-site meal programs across Minnesota via TEFAP.

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 FY2021 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.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Basis of Presentation

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

Net Assets Without Donor Restrictions – are those net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the board of directors.

Net Assets With Donor Restrictions – are those net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. The Organization has no net assets to be maintained in perpetuity.

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

Cash and Cash Equivalents

The Organization considers all short-term debt instruments purchased with a maturity of three months or less to be cash equivalents. Cash in the Organization's accounts are covered by FDIC and SPIC insurance. At times during the year, the Organization had cash balances in excess of the FDIC insured limits.

Accounts Receivable

Accounts receivable is stated at net realizable value. Management estimates that all accounts receivable are fully collectible. Therefore, no allowance for doubtful accounts has been recognized as of December 31, 2021 and 2020.

Contributions Receivable

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Contributions that are expected to be collected within one year are recorded at their net realizable value. Contributions that are expected to be collected in future years are recorded at the present value of the amount to be collected using an imputed interest rate applicable to the year in which the contribution is received. Conditional contributions are not included as support until such time as the conditions are substantially met. Management estimates that all contributions are fully collectible. Management estimates that all contributions are fully collectible. Therefore, no allowance for doubtful accounts has been recognized as of December 31, 2021 and 2020.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment

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

Investments

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

Funds Held in Agency

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

Revenue Recognition

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

A portion of the Organization's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the statement of financial position. The Organization received cost-reimbursable grants of approximately \$2,835,972 that have not been recognized at December 31, 2021, because qualifying expenditures have not yet been incurred.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions

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

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

Allocation of Functional Expenses

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

Income Taxes

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

Use of Estimates

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

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Concentration of Credit Risk

The Organization receives a significant amount of funding from the government through various grants and contracts. If a significant reduction in the level of this funding were to occur, it might have a significant effect on the Organization's programs and activities.

Subsequent Events

In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through July 28, 2022, the date the financial statements were available to be issued.

NOTE 2 LINE OF CREDIT

The Organization has a \$350,000 promissory note, revolving line of credit, with a variable interest rate at 4.50% (index rate plus 1%, minimum 4.50%) maturing August 30, 2022, secured by all the Organization's assets. There were no outstanding balances on this line at December 31, 2021 and 2020.

NOTE 3 RETIREMENT PLAN

The Organization matches 401(k) contributions by eligible employees. The Organization contributed \$15,434 and \$16,896 to the plan for the years ended December 31, 2021 and 2020, respectively.

The Organization provides a 401(k) profit sharing plan to its employees. Employer contributions are discretionary and are determined each year. The plan covers all employees who meet specific requirements. The Organization contributed \$19,256 and \$-0- to the plan for the years ended December 31, 2021 and 2020, respectively.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 4 AVAILABILITY AND LIQUIDITY

The following represents Hunger Solutions Minnesota's financial assets as December 31:

	<u>2021</u>	<u>2020</u>
Financial Assets at Year-End:		
Cash and Cash Equivalents	\$ 1,539,310	\$ 1,418,814
Investments	1,069,650	986,663
Contributions Receivable	27,903	164,201
Accounts Receivable	303,850	94,347
Accounts Receivable, Agency	1,300	30,835
Total Financial Assets	<u>2,942,013</u>	<u>2,694,860</u>
Less: Amounts Not Available to be Used Within One Year:		
Funds Held in Agency	(171,428)	(303,607)
Net Assets with Donor Restrictions	(213,688)	(55,000)
Board-Designated Funds	<u>(450,000)</u>	<u>(500,000)</u>
Financial Assets Available to Meet General Expenditures Over the Next Twelve Months	<u>\$ 2,106,897</u>	<u>\$ 1,836,253</u>

The Organization's goal is generally to maintain financial assets to meet four months of operating expenses. As part of its liquidity plan, excess cash is invested in short-term investments including money market accounts. The Organization's board of directors has designated a portion of its net assets for new initiatives and projects. Those amounts are identified as board-designated funds in the table above. Those funds remain available and may be spent at the discretion of the board.

NOTE 5 OPERATING LEASES

The Organization leases office space under operating leases that expire June 2023. Rent expense for leases was \$78,122 for the year ended December 31, 2021. Future minimum payments under these agreements are as follows:

<u>Year Ending December 31,</u>	<u>Amount</u>
2022	\$ 51,153
2023	39,379
Total	<u>\$ 90,532</u>

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 6 FAIR VALUE MEASUREMENTS

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

These levels include:

Level 1 – Unadjusted quoted market prices for identical assets or liabilities in active markets as of the measurement date.

Level 2 – Other observable inputs, either directly or indirectly, including:

- quoted prices for similar assets/liabilities in active markets;
- quoted prices for identical or similar assets in nonactive markets;
- inputs other than quoted prices that are observable for the asset/liability; and
- inputs that are derived from or corroborated by other observable market data.

Level 3 – Unobservable inputs that cannot be corroborated by observable market data.

As of December 31, 2021 and 2020, all of the Organization's investments consisted of mutual funds which are valued at Level 1.

NOTE 7 CONCENTRATION OF REVENUE SOURCES

The Organization received 69% of its total revenue from various contracts with the state of Minnesota for the year ending December 31, 2021, and 85% of its total revenue for the year ending December 31, 2020. The current level of the Organization's operations and program services may be impacted if funding is not renewed.

**HUNGER SOLUTIONS MINNESOTA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 8 NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consisted of the following at December 31:

	2021	2020
SNAP Outreach	\$ 76,182	\$ 30,000
Public Policy - Universal Meals	137,506	-
Restricted for Time	-	25,000
Total	<u>\$ 213,688</u>	<u>\$ 55,000</u>

Net assets with donor restrictions were released for the following purposes during the years ending December 31:

	2021	2020
SNAP Outreach	\$ 53,818	\$ -
Public Policy - Universal Meals	112,494	-
Restricted for Time	25,000	25,000
Total	<u>\$ 191,312</u>	<u>\$ 25,000</u>

NOTE 9 FOOD AND HOUSEHOLD PRODUCTS (SUPPLEMENTARY INFORMATION)

The Organization coordinates the distribution of food and household products to various in-state food banks and food shelves. The total valuation of the food and household products distributed are estimates based on estimated pounds distributed multiplied by estimated rates per pound established by cost studies conducted by USDA. The valuation of distributed food and household products during the years ended December 31, 2021 and 2020, was \$18,983,404 and \$23,726,144, respectively.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2021
Open to Public
Inspection

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

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">HUNGER SOLUTIONS MINNESOTA</div> Doing business as <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</div> <div style="border: 1px solid black; padding: 2px;">555 PARK STREET STE 40</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">ST. PAUL, MN 55103</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">36-3567366</div>
	E Telephone number <div style="border: 1px solid black; padding: 2px;">651-486-9860</div>	G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">5,409,040.</div>
	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions	
	H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
J Website: ▶ HUNGERSOLUTIONS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1987
M State of legal domicile: MN		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: HUNGER SOLUTIONS MINNESOTA IS A COMPREHENSIVE HUNGER RELIEF ORGANIZATION THAT WORKS TO END HUNGER IN			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		12
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5		13
6	Total number of volunteers (estimate if necessary)	6		14
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
			12,977,643.	4,531,943.
9	Program service revenue (Part VIII, line 2g)		446,455.	659,945.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,667.	58,798.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	41,538.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,426,765.	5,292,224.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,945,755.	3,064,172.
14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		918,509.	992,143.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <div style="border: 1px solid black; padding: 2px;">54,551.</div>			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		834,895.	735,208.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,699,159.	4,791,523.
19	Revenue less expenses. Subtract line 18 from line 12		727,606.	500,701.
20	Total assets (Part X, line 16)		Beginning of Current Year	End of Year
			2,843,180.	2,994,123.
21	Total liabilities (Part X, line 26)		893,682.	516,375.
22	Net assets or fund balances. Subtract line 21 from line 20		1,949,498.	2,477,748.

Part II Signature Block

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

Sign Here	Signature of officer <div style="border: 1px solid black; padding: 2px;">COLLEEN MORIARTY, EXECUTIVE DIRECTOR</div> Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">RACHEL FLANDERS</div>	Preparer's signature <div style="border: 1px solid black; padding: 2px;">RACHEL FLANDERS</div>
	Date <div style="border: 1px solid black; padding: 2px;">11/11/22</div>	Check if self-employed <input type="checkbox"/> PTIN <div style="border: 1px solid black; padding: 2px;">P01591790</div>
	Firm's name ▶ <div style="border: 1px solid black; padding: 2px;">CLIFTONLARSONALLEN LLP</div>	Firm's EIN ▶ <div style="border: 1px solid black; padding: 2px;">41-0746749</div>
	Firm's address ▶ <div style="border: 1px solid black; padding: 2px;">220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402</div>	Phone no. <div style="border: 1px solid black; padding: 2px;">612-376-4500</div>

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

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

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 ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 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.**Form **990** (2021)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 8	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MN**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **COLLEEN MORIARTY - 651-486-9860**
555 PARK STREET, STE 400, ST PAUL, MN 55103

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
1b Subtotal								239,681.	0.	29,010.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								239,681.	0.	29,010.

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

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

Part IX Statement of Functional Expenses

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

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

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

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

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

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck 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 ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
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 _____	3b	X

Form 990 (2021)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HUNGER SOLUTIONS MINNESOTA

Employer identification number

36-3567366

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

Schedule A (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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	794,619.	586,790.	324,271.	129,776.	453,194.	2,213,371.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	794,619.	586,790.	324,271.	129,776.	453,194.	2,213,371.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						2,213,371.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	794,619.	586,790.	324,271.	129,776.	453,194.	2,213,371.
8 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.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2,231,446.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Schedule A (Form 990) 2021

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

Section B. Total Support

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

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to 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).		

Schedule A (Form 990) 2021

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

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

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

Schedule A (Form 990) 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.)

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 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 foundationCheck 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	Employer identification number
HUNGER SOLUTIONS MINNESOTA	36-3567366

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>349,978.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>3,296,790.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

36-3567366

Part II

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

Name of organization

Employer identification number

HUNGER SOLUTIONS MINNESOTA**36-3567366****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.

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

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 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?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under 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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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 ... ☒

Schedule D (Form 990) 2021

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
360 COMMUNITIES 501 EAST HWY 13 SUITE 112 BURNSVILLE, MN 55337	41-0987708	501C3	11,008.	0.			HUNGER RELIEF
ANNANDALE FOOD SHELF 390 ANNANDALE BLVD ANNANDALE, MN 55302	36-3297409	501C3	5,323.	0.			HUNGER RELIEF
ANOKA COUNTY BROTHERHOOD 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)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PATHWAYS 6413 OAK ST NORTH BRANCH , MN 55056	41-1332828	501C3	10,000.	0.			HUNGER RELIEF
FAMILY PATHWAYS CAMBRIDGE FOOD SHELF - 6413 OAK ST - NORTH BRANCH , MN 55056	41-1332828	501C3	9,204.	0.			HUNGER RELIEF
FAMILY PATHWAYS PINE COMMUNITY FOOD SHELF - 6413 OAK ST - NORTH BRANCH, MN 55056	41-1332828	501C3	5,347.	0.			HUNGER RELIEF
FAMILY PATHWAYS SANDSTONE FOOD SHELF - 6413 OAK ST - NORTH BRANCH , MN 55056	41-1332828	501C3	9,378.	0.			HUNGER RELIEF
PFEN (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)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND 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.)

(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
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)

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
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
MENAHGA FOOD SHELF 120 1ST ST NE MENAHGA , MN 56464	85-1113705	501C3	10,793.	0.			HUNGER RELIEF
MERRICK COMMUNITY SERVICES 1669 ARCADE STREET STE 4 SAINT PAUL , MN 55106	41-0693851	501C3	13,269.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNEAPOLIS CENTRAL CHURCH OF CHRIST - 1922 NORTH 4TH AVENUE - MINNEAPOLIS , MN 55405	41-1661528	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)

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
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)

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
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 LUVERNE, MN 56156	81-1047461	501C3	5,079.	0.			HUNGER RELIEF
RUSH CITY FOOD SHELF 720 WEST 14TH STREET RUSH CITY, MN 55069	27-3199815	501C3	5,115.	0.			HUNGER RELIEF
SABATHANI COMMUNITY CENTER FOOD SHELF - 310 EAST 38TH STREET - MINNEAPOLIS, MN 55409	41-0984859	501C3	8,301.	0.			HUNGER RELIEF
SALVATION ARMY ANOKA COUNTY 2445 PRIOR AVENUE NORTH ROSEVILLE, MN 55113	36-2167910	501C3	6,725.	0.			HUNGER RELIEF
SALVATION ARMY AUSTIN 409 1ST AVE NE AUSTIN, MN 55912	36-2167910	501C3	6,164.	0.			HUNGER RELIEF
SALVATION ARMY CLOQUET 316 CARLTON AVENUE CLOQUET, MN 55720	36-2167910	501C3	7,814.	0.			HUNGER RELIEF

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
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 SHELF 201B S THIRD STREET ST PETER , MN 56082	41-1761515	501C3	9,315.	0.			HUNGER RELIEF
STRANDQUIST AREA FOOD SHELF 403 LINCOLN STREET STRANDQUIST , MN 56758	41-1737565	501C3	5,835.	0.			HUNGER RELIEF
THE CAMDEN PROMISE 4656 NORTH COLFAX AVENUE 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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- 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 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 Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, 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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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.

[illegible]

Part III	Supplemental Information
-----------------	---------------------------------

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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 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 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
Total						▶ \$ 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

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

Schedule L (Form 990) 2021

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 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

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

HUNGER SOLUTIONS MINNESOTA

Employer identification number

36-3567366

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.