	-		Return of	Organ	nization Exer	nnt F	rom li	ncome	Tax	F	OMB No. 1545-0	047
Forr	" <b>g</b>	90	Under section 501(c), 5	•		-				ons)	2010	2
	-	uary 2020)			security numbers on th		-			,	Open to Pub	
Depa Intern	rtment o al Reve	of the Treasury nue Service			/Form990 for instructi		-	-		_	Inspection	
_			ar year, or tax year begi		ОСТ 1, 2019		ending S			)		
	heck if	C Name of	organization					D Emplo	yer identi	ficatio	on number	
a	pplicabl		-					_	-			
	_Addre _chang	FOOD	GROUP MINNES	SOTA,	INC., THE							
	Name Chang	je Doing bu	usiness as					41	-12465	504		
	Initial	Number	and street (or P.O. box if r	mail is not de	elivered to street address)	F	Room/suite					
	Final Feturn		54TH AVENUE	NORTH				76	3-450-			
	termir ated	City or to	own, state or province, co		ZIP or foreign postal co	ode		G Gross re	ceipts \$		18,633,0	23.
	Amen return	NEW .	HOPE, MN 554					T	is a group			_
	Applic tion pendi	F Name ar	nd address of principal of	fficer: BAR	RB HILBERT			1	ubordinate			No
		SAME	AS C ABOVE								d? Yes	No
		empt status:				47(a)(1) o	or 527	1			(see instructions	s)
									up exempti			MNT
	orm of art I	f organization: [] Summary	X Corporation Tru		ssociation Other		L Year	of formation	: 1970	M Sta	te of legal domicil	IG: TATIN
10			a the exercitation's miss	ion or moot		FTCH	ITING	HINGER			SHING	
e	1	OUR COM	e the organization's miss אוואדייי	ion or most	t significant activities:	I IGI	II ING	IIONGEI	<b>N</b> • INC	UN1	SILING	
Governance	2		$x \rightarrow \square$ if the organiz	vation disco	ntinued its operations of		od of moro	than 25%	of its pot a	ecote		
veri			ing members of the gove			-				1		10
õ	4		ependent voting member									10
	-		of individuals employed in									52
Activities &			of volunteers (estimate if								6	992
tiv			d business revenue from	• •					·····			0.
Ă			business taxable income									0.
								Prior Y			Current Year	
đ	8	Contributions	and grants (Part VIII, line	1h)				8,26	0,645.	, ,	13,982,4	55.
nue	9	Program servio	ce revenue (Part VIII, line	2g)				3,41	2,832.		4,631,9	
eve	10	Investment inc	come (Part VIII, column (A	), lines 3, 4	, and 7d)				736		1,3	
Revenue	11	Other revenue	(Part VIII, column (A), line	es 5, 6d, 8c	c, 9c, 10c, and 11e)				4,513.		9,7	
- B	12	Total revenue	- add lines 8 through 11 (	must equal	l Part VIII, column (A), lir	ne 12)		11,90		_	18,625,4	
	13		nilar amounts paid (Part I						0.	_		0.
	14	•	to or for members (Part I)	, ,	<i>,, , ,</i>			0.01	0.		<u> </u>	0.
es			compensation, employe					2,21	5,903		2,551,5	
ens	16a		undraising fees (Part IX, c						0.	·		0.
Expense	b		ng expenses (Part IX, col					9 0 0	0,828.	-	15 601 0	E 0
			es (Part IX, column (A), lin					<u>8,99</u> 11,20			<u>15,601,9</u> 18,153,5	
	18		s. Add lines 13-17 (must o						1,995		471,8	
۲ si	19	nevenue less (	expenses. Subtract line 1	o nom line	12	<u></u>		ginning of C			End of Year	
Net Assets or Fund Balances	20	Total assets (P	Part X line 16)						6,359.		6,866,5	92.
Asse Bal	21		(Part X, line 26)						2,931		2,100,7	
Net,	22		fund balances. Subtract I	ine 21 from	n line 20				3,428		4,765,8	
	irt II	Signature						-,				
Unde	er pena	alties of perjury, I	declare that I have examine	d this return	, including accompanying	schedules	and stateme	ents, and to t	he best of n	ny knov	wledge and belief,	it is
			Declaration of preparer (oth								-	
		SAD	hia lonara-	Cou					3/3/20	21		
Sigr	า	Signature	e of officer	Ţ				D	ate			
Her	е		<u>IA LENARZ-COY</u>	<u>(, ĕxe</u>	CUTIVE DIREC	TOR						
		Type or p	rint name and title									
		Print/Type prep			Preparer's signature			Date	Check		PTIN	
Paid		MATT PI			MATT PILLSBU			2/02/2			P0156560	9
	arer	Firm's name			& ASSOCIATE		TD.	Fi	irm's EIN 🕨	41-	-1534805	
Use	Only	Firm's address	► 7760 FRANCE			)						<b>~ -</b>
			BLOOMINGTON	N, MN	55435			P	hone no. (	952	) 831-00	85

 May the IRS discuss this return with the preparer shown above? (see instructions)

 932001 01-20-20
 LHA
 For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No Form **990** (2019)

	990 (2019) FOOD GROUP MINNESOTA, INC., THE 41-1246504 Page 2
Pa	Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. 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 \$17,070,293. including grants of \$) (Revenue \$) (Revenue \$)
	THE ORGANIZATION'S 217 FOOD SHELF AND MEAL PROGRAM PARNTERS RECEIVED
	HEALTHY, CULTURALLY SPECIFIC FOOD AND SUPPORT SERVICES FROM THE AGENCY SUPPORT TEAM. WITH COVID, FOOD NEED THROUGHOUT THE TWIN CITIES IS
	HISTORICALLY HIGH. THE OUTGOING POUNDS WERE UP MORE THAN 50% FROM LAST
	YEAR. THE ORGANIZATION ADDED 50 NEW PARTNERS, MANY OF WHICH ARE
	GRASSROOTS ORGNAZIATIONS THAT BEGAN DOING FOOD DISTRIBUTION WORK THIS SUMMER.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)           AFFORDABLE GROCERY-
	DUE TO COVID SAFETY CONCERNS, THE FOOD GROUP HAD TO SUSPEND TWIN CITIES
	MOBILE MARKET AND MODIFY THE FARE FOR ALL DELIVERY MODEL TO BECOME A DRIVE THROUGH. THIS LIMITED THE NUMBER OF SITES WE COULD STAFF TO 8
	PER MONTH, CAUSING SALES TO BE LOWER THAN PREDICTED. THE FOOD GROUP
	WILL BEGIN A SLOW RAMP UP OF BOTH PROGRAM MODELS THIS WINTER, AS
	AFFORDABLE GROCERY WILL BE MORE NEEDED THAN EVER, WITH SO MANY PEOPLE'S INCOME LOWER DUE TO THE PANDEMIC.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	BIG RIVER FARMS - BIG RIVER FARMS WORKED CLOSELY WITH THE FOOD GROUP'S 12 FARM TEAMS THIS
	YEAR. CSA SALES WERE UP SIGNIFICANTLY - WITH 220 SHARES SOLD BEFORE
	THE FOOD GROUP HAD TO CLOSE REGISTRATION. THE FOOD GROUP ALSO WERE
	ABLE TO PURCHASE MORE THAN \$65,000 IN LOCAL, ORGANIC PRODUCE DIRECTLY FROM THE FOOD GROUP'S FARM TEAMS TO DISTRIBUTE FREE OF CHARGE TO FOOD
	GROUP'S NETWORK OF AGENCY PARTNERS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 17,070,293.
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Form	990	(2019)
FUIII	990	(2013)

Part IV Checklist of Required Schedules

FOOD GROUP MINNESOTA, INC., THE

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X 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? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
L	Part VI	<u>11a</u>	Δ	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(0015)
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 Form 990 (2019)
 FOOD GROUP MINNESOTA, INC., THE
 41-1246504
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 (continued)</td

	. Johnnooy		Vee	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete			
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.5%		v
06	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L. Part II</i>	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	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</i> "Yes," <i>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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 40	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
932004	01-20-20	Form	990	(2019)
	10			

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019)			MINNESOTA,			
Statements	Regardin	g Other I	RS Filings and Ta	ax Compl	iance	(continued)

Form 990 (2019) Part V

				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 52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	IS?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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 of	D	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	count)?	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 Ac				
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 transac		5b		X
	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	-			v
	any contributions that were not tax deductible as charitable contributions?		6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contribution	, i i i i i i i i i i i i i i i i i i i	Ch.		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the exception receive a payment in except of $$75$ made partly as a contribution and partly for goods and contributions are excepted as the exception of the exception	viene provided to the pover?	70		x
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required	10		
U	to file Form 8282?	•	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		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.				
а	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:	1			
	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			
	Section 501(c)(12) organizations. Enter:	I			
	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	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	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. Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		154		
h	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			
с	Enter the amount of reserves on hand	13c			
	Did the eventime time to any negative for independencing continues during the terrors.		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		-		
	excess parachute payment(s) during the year?		15		x
	If "Yes," see 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.				

Form **990** (2019)

932005 01-20-20

Form 990 (2019)
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FOOD GROUP MINNESOTA, INC., THE

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

X

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.

l t b f	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10			
t b f	If there are material differences in voting rights among members of the governing body, or if the governing					
bl						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?			2	x	
	Did the organization delegate control over management duties customarily performed by or under the		·····	-		
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 9			1		X
	Did the organization make any significant changes to its governing documents since the prior form of Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
	Did the organization become aware during the year of a significant diversion of the organization s ass Did the organization have members or stockholders?			3		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap		······ ⊢'	, 		
	more members of the governing body?	•	7	а		Х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
F	persons other than the governing body?		7	b		X
<b>8</b> [	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the following:				
a	The governing body?		<u></u> 8	а	X	
b	Each committee with authority to act on behalf of the governing body?		<u></u>	b		Х
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the				
(	organization's mailing address? If "Yes," provide the names and addresses on Schedule O					Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
			_	Y	/es	No
10a	Did the organization have local chapters, branches, or affiliates?			Da		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
1	and branches to ensure their operations are consistent with the organization's exempt purposes?		1	Эb		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body			1a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, c				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		1:	2a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				x	
cĺ	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If$ "Y	/es," describe				
	in Schedule O how this was done				X	
	Did the organization have a written whistleblower policy?				X	
	Did the organization have a written document retention and destruction policy?		[1	4	X	_
	Did the process for determining compensation of the following persons include a review and approva	l by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official				X	
	Other officers or key employees of the organization			5b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			6a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?		1	6b		
	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed $ ightarrow M$					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (Section 5	01(c)(3)s or	nly) av	/ailab	ble
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         X         Another's website         X         Upon request         Other (explain)	n on Schedule O)				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		licy, and fir	ancia	ıl	
	statements available to the public during the tax year.		•••			
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records	•			
5	SOPHIA LENARZ-COY - 763-450-3860					
	8501 54TH AVENUE NORTH, NEW HOPE, MN 55428-3710			orm 9	000	

Form	990	(201)	Q)
FUIIII	990	(201	3

FOOD GROUP MINNESOTA, INC., THE

	0	and a sting of Office we Divertice Transform Key Freedomers Ilightent Operations
Part VII	CO	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Т

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	(10	Position			Reportable	Reportable	Estimated				
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of					
	week	offi	cer an	d a d	irecto	r/trus <sup>.</sup>	tee)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or dir				ted		organization	(W-2/1099-MISC)	from the		
	related	stee c	rustei			ensa		(W-2/1099-MISC)		organization		
	organizations	al tru	onal t		loye	e com				and related		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
	line)	Ind	lns	0ff	Key	e Hig	For					
(1) AIMEE PAPPENFUS	2.00								•			
CHAIR		Х		Х				0.	0.	0.		
(2) ANNETTE MILLER	2.00											
DIRECTOR		Х						0.	0.	0.		
(3) BOB LABOMBARD	2.00											
DIRECTOR		Х						0.	0.	0.		
(4) DANIEL TILSEN	2.00											
DIRECTOR		Х						0.	0.	0.		
(5) JENNIFER MARSO	2.00											
VICE CHAIR		Х		х				0.	0.	0.		
(6) JENNY MCCAAB	2.00											
DIRECTOR		Х						0.	0.	0.		
(7) KURT JOHANSEN	2.00											
DIRECTOR		Х						0.	0.	0.		
(8) SOOK JIN ONG	2.00											
TREASURER		Х		Х				0.	0.	0.		
(9) SUSAN SHEELY	2.00											
SECRETARY		Х		Х				0.	0.	0.		
(10) VANI KARUN	2.00											
DIRECTOR		Х						0.	0.	0.		
(11) SOPHIA LENARZ-COY	40.00											
EXECUTIVE DIRECTOR				Х				91,777.	0.	12,398.		
(12) LORI THORP	40.00											
FORMER EXECUTIVE DIRECTOR				Х				114,516.	0.	10,150.		
		-										
932007 01-20-20	1	I			1			1		Form <b>990</b> (2019)		

13

Form 990 (2019) FOOD GROU	JP MINNE	ISO	)TA	,	IN	c.	,	THE	41-12	2465	504	Pa	ge <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average			Posi	tion			Reportable	Reportable			mateo	4
Name and the	hours per					than o s both		compensation	compensation	-		unt o	
	week					r/trust		from	from related	'		ther	
	(list any	tor						the	organizations		compe		ion
	hours for	direct				-			(W-2/1099-MIS		•	n the	
	related	e or	stee			Isate		(W-2/1099-MISC)	(11 2) 1000 1110	°,	orgar		
	organizations	ruste	al trus		/ee	mper					•	relate	
	below	dual t	ltion	_	nploy	st co iyee	5				organ		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme				e.gui		
		_		-	×	1 0							
								0.0.0.000		_		<b>F</b> 4	
1b Subtotal						J		206,293.		0.	22	,54	
c Total from continuation sheets to Part VI	I, Section A					J		0.		0.			0.
d Total (add lines 1b and 1c)						]		206,293.		0.	22	,54	8.
2 Total number of individuals (including but n							o re	eceived more than \$100.0	000 of reportable				
compensation from the organization					,	,		,					1
											Y	′es	No
• Did the experimetion list and former officer							la : ai			П			
3 Did the organization list any <b>former</b> officer,	,					·	0		,	- 1	-		37
line 1a? If "Yes," complete Schedule J for s											3	_	X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual		L	4		Х
5 Did any person listed on line 1a receive or a	accrue compen	sati	on fr	om a	any	unre	late	ed organization or individ	ual for services				
rendered to the organization? If "Yes." con											5		Х
Section B. Independent Contractors	ipiete concaut	201	01 00		/0/00	011 .						- 1	
1 Complete this table for your five highest co	mpensated ind	ana	ndor	nt co	ntra	octor	e th	nat received more than \$	100 000 of comp	oneati	on from	<u> </u>	
	•	•							•	ciisati		1	
the organization. Report compensation for	the calendar ye	eare	enain	g wi		or wit	<u>mn.</u> T		ear.		(		
(A) Name and business	addraaa							<b>(B)</b> Description of s	an dia ao	0	(C) ompens		
	audress	NC	ONE	i –			_	Description of s	ervices		Inpens	alion	
							+						
							$\square$						
2 Total number of independent contractors (i	ncludina but na	ot lin	nited	to t	hos	e list	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	•				0			,					
											-orm <b>9</b>	90 (2)	010\
										ſ		(2	ບເປັ

Par	't VII	Statement of Rev	venue						
		Check if Schedule O c	contains a re	sponse	or note to any line	( • )	(5)	(2)	
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns		1a	60,191.				
rant	b			1b					
, G	с	Fundraising events		1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	<b>–</b>		1d					
s, G	е	Government grants (contri	ibutions)	1e	2,237,177.				
rsi	f	All other contributions, gifts,	grants, and						
ibut		similar amounts not included	above	1f	11,685,087.				
dor	g	Noncash contributions included in I	lines 1a-1f	1g \$	7,667,085.				
<u>9 6</u>	h	Total. Add lines 1a-1f				13,982,455.			
					Business Code				
e	2 a	FOOD SALES			624210	4,631,921.	4,631,921.		
er v	b								
n S /eni	с.								
graı Rev	d								
Program Service Revenue	e	All other preason convice	****						
-	f	All other program service i <b>Total.</b> Add lines 2a-2f				4,631,921.			
	3	Investment income (includ				1,001,011.			
	U	other similar amounts)	-			1,334.			1,334.
	4	Income from investment o				,			,
	5	Royalties			ŕF				
		,		Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss)	)	<u></u>	►				
	7 a	Gross amount from sales of	(i) Sec	curities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
nue		and sales expenses	7b						
Revenue		Gain or (loss)	7c						
<u> </u>		Net gain or (loss)			▶				
Othe	8 a	Gross income from fundraisin							
0		including \$		of					
		contributions reported on			7,620.				
	h	Part IV, line 18 Less: direct expenses			, , , , , , , , , , , , , , , , , , , ,				
		Net income or (loss) from t			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8.			8.
		Gross income from gamin	-						
		Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from			►				
		Gross sales of inventory, le							
		and allowances		10a					
	b	Less: cost of goods sold		10b					
$ \rightarrow$	с	Net income or (loss) from	sales of inve	ntory					
S			_		Business Code				
eou	11 a	MISCELLANEOUS INCOME	5		624210	9,693.			9,693.
Miscellaneous Revenue	b								
scel	c								
Ξ		All other revenue			L	9,693.			
	<u>e</u> 12	Total. Add lines 11a-11d				18,625,411.	4,631,921.	0,	11,035.
	01-20-	Total revenue. See instructio				,•,•	1 2,002,922.	ı <sup>3</sup> .	Form <b>990</b> (2019

FOOD GROUP MINNESOTA, INC., THE

Form 990 (2019)

15

41-1246504 Page 9

41-1246504 Page 10

FOOD GROUP MINNESOTA, INC., THE Form 990 (2019) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 184,162. 228,842. 14,440. 30,240. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,901,442. 1,530,208. 119,972. 251,262. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 16,055. 33,628. 254,482. 204,799. Other employee benefits 9 166,790. 134,226. 10,524. 22,040. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 17,735. 9,275. 6,817. 1,643. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 282,209. 207,407. 539,617. 50,001. column (A) amount, list line 11g expenses on Sch 0.) 6,370. 2,768. 759. 2,843. Advertising and promotion 12 266,933. 110,651. 32,391. 123,891. Office expenses 13 35,895. 14,766. 4,368. 16,761. Information technology 14 15 Royalties 373,430. 313,765. 19,282. 40,383. 16 Occupancy 218,729. 215,278. 2,020. 1,431. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 160,892. 127,019. 11,644. 22,229. Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 7,239,230. 7,239,230. IN-KIND FOOD а FOOD COSTS 4,270,238. 4,260,912. 2,914. 6,412. h 2,348,569. 2,343,440. 1,602. 3,527. PROGRAM SUPPLIES С 70,984. 70,984. d NON-FOOD IN KIND EXPENS 53,337. 26,601. 10,272. 16,464. e All other expenses

18,153,515.

16

17,070,293.

Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

932010 01-20-20

Form 990 (2019)

622,755.

2019.05040 FOOD GROUP MINNESOTA, INC 005153\_1

460,467.

41-1246504 Page 11

		Check if Schedule O contains a response or note t	o any I	ine in this Part X			
		· ·			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	714,404.	1	200,685.		
	2	Savings and temporary cash investments	194,039.	2	845,370.		
	3	Pledges and grants receivable, net	160,420.	3	434,104.		
	4	Accounts receivable, net			193,462.	4	169,192.
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	itial cor	ntributor, or 35%			
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifie	ons (as defined				
		under section 4958(f)(1)), and persons described ir	n sectio	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			755,447.	8	1,443,774. 68,356.
As	9	<b>–</b>			159,322.	9	68,356.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	6,122,338.			
	b		10b	6,122,338. 2,536,599.	3,618,490.	10c	3,585,739.
	11			775.	11	3,585,739. 15,332.	
	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	104,040.
	16	Total assets. Add lines 1 through 15 (must equal			5,796,359.	16	6,866,592.
	17	Accounts payable and accrued expenses	250,324.	17	320,200.		
	18	Grants payable		18			
	19	Deferred revenue	13,561.	19	13,390.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Pa				21	
s	22	Loans and other payables to any current or former	officer	, director,			
itie		trustee, key employee, creator or founder, substan	itial cor	ntributor, or 35%			
Liabilities		controlled entity or family member of any of these	person	s		22	
Ë	23	Secured mortgages and notes payable to unrelate	d third		823,898.	23	1,486,532.
	24	Unsecured notes and loans payable to unrelated th	hird pa	rties		24	
	25	Other liabilities (including federal income tax, paya	bles to	related third			
		parties, and other liabilities not included on lines 1	7-24). (	Complete Part X			
		of Schedule D			385,148.	25	280,667.
	26				1,472,931.	26	2,100,789.
		Organizations that follow FASB ASC 958, check					
Sec		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			4,313,428.	27	4,485,450. 280,353.
Ba	28	Net assets with donor restrictions			10,000.	28	280,353.
pu		Organizations that do not follow FASB ASC 958	, checl	k here 🕨 🗌			
٦ ۲		and complete lines 29 through 33.					
5 0	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equi				30	
As	31	Retained earnings, endowment, accumulated inco	me, or	other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,323,428.	32	4,765,803.
_	33	Total liabilities and net assets/fund balances			5,796,359.	33	6,866,592. Form <b>990</b> (2010

Form 990 (2019)

Form 990 (2019)
Part X Balance Sheet

Form	990 (2019) FOOD GROUP MINNESOTA, INC., THE	41-1	246504	Page <b>12</b>
Par	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,625	
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,153	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,896.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,323	<u>,428.</u>
5	Net unrealized gains (losses) on investments	5	3	<u>,997.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-33	8,518.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	4,765	5 <u>,803.</u>
Par	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>  </u>
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Cash Corual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 requi	red audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			
			_ (	

Form **990** (2019)

SCHEDULE A	SC	HE	Dι	JLE	Α
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Department of the Treasury Internal Revenue Service

(	Form	990	or	990-EZ)

# **Public Charity Status and Public Support**

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

Nar	ne of t	the organization							identification number		
				NESOTA, INC.					1-1246504		
Pa	art I	Reason for Public C	Sharity Status (	All organizations must co	omplete th	is part.) Se	e instructions	S			
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)					
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	on 170(b)(1	1)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	<b>)(b)(1)(A)(i</b> i	ii).				
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that normal	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in		
		section 170(b)(1)(A)(vi). (C			-						
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				ed in coniu	unction with a	land-grant	colleae		
		or university or a non-land-g				-		-	-		
		university:	, , ,			, <b>,</b>	,				
10		An organization that normal	Ilv receives: (1) more	than 33 1/3% of its sup	oort from c	contributio	ns, members	nip fees, an	d aross receipts from		
		activities related to its exem									
		income and unrelated busin							-		
		See section 509(a)(2). (Cor				eee acqui		janattron e			
11		An organization organized a	-	vely to test for public sa	fetv See	section 50	09(a)(4)				
12	$\square$	An organization organized a	-	•	•			rrv out the	purposes of one or		
		more publicly supported or	-	•	-			•			
		lines 12a through 12d that of	-								
a		<b>Type I.</b> A supporting orga	• ·			-		-	aivina		
		the supported organization	-		• • •	-					
		organization. You must c			inajonty o				ipporting		
k		<b>Type II.</b> A supporting orga	-		tion with its	e euronarte	ad organizatio	n(s) by bay	vina		
		control or management o	-				•		•		
		organization(s). You mus			ame perso	ns that co		ge the supp	Joned		
		Type III functionally inte	-		in connoct	tion with	and functional	lu intograto	d with		
c	·		• •					iy integrate	u with,		
	. —	its supported organization		-				tad areani-	ration(a)		
C		J Type III non-functionally						-			
		that is not functionally inter-			•		-	i an allenin	reness		
		requirement (see instructi						U. T			
e		Check this box if the orga					турет, туре	п, туре п			
	- Ente	functionally integrated, or									
1		er the number of supported o	•	d arganization(a)							
		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other		
		organization	.,	(described on lines 1-10	in your governi Yes	No	support (see ir	-	support (see instructions)		
				above (see instructions))	100						
<b>.</b>	-l										
<u>Tot</u>					000 57						

Schedule A (Form 990 or 990-EZ) 2019 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 19

# Schedule A (Form 990 or 990-EZ) 2019 FOOD GROUP MINNESOTA, INC., THE 41-1246 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.)

Sec	ction A. Public Support						-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6178051.	7067284.	6666812.	8260646.	<u>13980008.</u>	<u>42152801.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6178051.	7067284.	6666812.	8260646.	<u>13980008.</u>	42152801.
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.						42152801.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	6178051.	7067284.	6666812.	8260646.	13980008.	42152801.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	287.	386.	1,368.		5,331.	7,372.
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.)	13,022.	13,912.	13,169.	115,193.	-23,825.	131,471.
11	Total support. Add lines 7 through 10						42291644.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	<u>99.67 %</u>
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	<u>99.50 %</u>
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				►X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and <b>stop h</b>	<b>iere.</b> Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization	-	
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	Э
	organization meets the "facts-and-circ	cumstances" test. 7	The organization q	ualifies as a public	ly supported orga	nization	
<u>18</u>	Private foundation. If the organizatio						s ►
						edule A (Form 990	

#### Schedule A (Form 990 or 990 EZ) 2019 FOOD GROUP MINNESOTA, INC., THE 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
-	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	n 501(c)(3) organ	ization,
	check this box and stop here						<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)19</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						n▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
93202	3 09-25-19		21		Sch	edule A (Form 9	90 or 990-EZ) 2019

<sup>21</sup> 2019.05040 FOOD GROUP MINNESOTA, INC 005153\_1

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Yes No

### Part IV Supporting Organizations

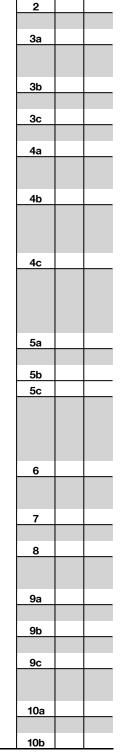
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

#### Section A. All Supporting Organizations

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

22

932024 09-25-19



Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990-EZ) 2019 FOOD GROUP MINNESOTA, INC., THE Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Sec	tion 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		
Sec	tion 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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	•		
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	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		

23

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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Sche	edule A (Form 990 or 990-EZ) 2019 FOOD GROUP MINNESOTA, IN	NC.,	THE	41-1246504 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain	in Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete S	ections A through E.	
Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):		1	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting c	organization (see

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

instructions).

## Schedule A (Form 990 or 990-EZ) 2019 FOOD GROUP MINNESOTA, INC., THE

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	5	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive	1	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

SCHEDULE A,	PART	II, I	LINE	10,	EXPLAN	NATION	FOR	OTHER	INCOME:		
OTHER INCOM	E										
2015 AMOUNT	: \$	13,02	22.								
2016 AMOUNT	:\$	13,93	12.								
2017 AMOUNT	:\$	13,10	59.								
2018 AMOUNT	: \$	115,2	193.								
2019 AMOUNT	: \$	-23,8	825.								

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SCHEDULE D	Supple
(Form 990)	Complete

# emental 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.



Department of the Treasury Internal Revenue Service

FOOD GROUP MINNESOTA, INC., THE

Employer identification number 41-1246504

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar	Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	6	(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 w	vriting that the assets held in do	onor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant fund	ls can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	purpose conferr	ing
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on F	orm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	ervation of a histo	prically important land area
	Protection of natural habitat	Prese	ervation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in	the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic stru	icture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year 🕨		, ,	C C
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri		ndling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	►	<b>C</b> .	0	<b>C</b> .
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing	conservation ea	sements during the year
	► \$	5		5 ,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of se	ction 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footne		-	
	organization's accounting for conservation easements.	5		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasure	s, or Other S	imilar 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	8, not to report in its revenue st	atement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or rese	earch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes t	hese items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue staten	nent and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or resear	ch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				<b>N</b> .
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS		5	
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
				• ·
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2019
	10-02-19			
		27		

Sche		OUP MINNES						<u>41-12</u>			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tr	easures, o	r Other	r Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make si	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	I 🗌 L	oan or ex	change progra	am					
b	Scholarly research	e	• 🗌 o	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further t	the organizatio	on's exen	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	torical trea	asures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizati	on answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod								_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ıble:							
									Amount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance								7		7
	Did the organization include an amount on F						ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.							<u></u>			_
I ai	<b>t V</b>   Endowment Funds. Complete								(-) [		haali
4.		(a) Current year	(D) Pr	rior year	(c) Two yea	IS DACK	(a) Three y	ears dack	(e) Four	years	раск
1a	Beginning of year balance										
b	Contributions										
С А	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
f	and programs Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the cur	rent vear end balance	l a (line 1a	column (	a)) held as:						
a	Board designated or quasi-endowment	•	%								
b	Permanent endowment										
		%									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	-	ation that	are held a	and administer	red for th	e organiza	tion			
	by:	5					5		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	inds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a.	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	st or other s (other)		ccumulate preciation	d	( <b>d)</b> Bool	k value	э
12	Land				00,000.				1,100	),00	00.
	Buildings				93,315.		549,93			3,38	
	Leasehold improvements				68,638.		504,90		1,163		
	Equipment				32,197.		468,61			3,58	
	Other				28,188.		13,15			5,03	
	. Add lines 1a through 1e. (Column (d) must e		V ochum		-	1			3,585	-	
		guari uni 330, Fall	A, COIUITII	ייען, וווופ	100. <i>j</i>				_ ,		

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	a 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)		1	
(3)		1	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(ອ) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			+
(8)			
(9)			
otal. <u>(Column (b) must equal Form 990, Part X, col. (B) line</u> Part X   Other Liabilities.	<u> 15.)</u>		
			-
Complete if the organization answered "Yes" c (a) Description of liability	in Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	
() 1 )			(b) Book value
(1) Federal income taxes			000 667
(2) CAPITAL LEASE			280,667
(3)			
(4)			1
(4) (5)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			280,667

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) 2019

932053 10-02-19

	edule D (Form 990) 2019 FOOD GROUP MINNESOTA, INC.				1246504 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	18,595,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	3,997.		
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants	_ 2c			
d	Other (Describe in Part XIII.)	2d	-33,518.		
е	Add lines 2a through 2d			2e	-29,521.
3	Subtract line 2e from line 1			3	18,625,411.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4</b> a			
b	Other (Describe in Part XIII.)	. 4b			
с				4c	0.
				5	18,625,411.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			•	
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	•	
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	•	n.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	•	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Retur	n.
<b>Pa</b>	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements	ents With	Expenses per F	Retur	n.
Pa 1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With 	Expenses per F	Retur	n.
Pa 1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With 	Expenses per F	Retur	n.
<b>Pa</b> 1 2 a b	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents With	Expenses per F	Retur	n.
Pa 1 2 a b c	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents With	Expenses per F	Retur	n. <u>18,153,515</u> . 0.
Pa 1 2 b c d	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents With	Expenses per F	1	n. 18,153,515.
Pa 1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	ents With	Expenses per F	1 2e	n. <u>18,153,515</u> . 0.
Pa 1 2 b c d e 3	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	ents With	Expenses per F	1 2e	n. <u>18,153,515</u> . 0.
Pa 1 2 d c 3 4	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	Expenses per F	1 2e	n. <u>18,153,515</u> . 0.
Pa 1 2 a b c d e 3 4 a	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	ents With 2a 2b 2c 2d 2d 4a 4b	Expenses per F	2e 3	n. <u>18,153,515</u> . <u>0.</u> <u>18,153,515</u> . 0.
Pa 1 2 a b c d e 3 4 a b c 5	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d 2d 4a 4b	Expenses per F	1 2e 3	n. 18,153,515. 0. 18,153,515.

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 X, LINE 2:

TFG HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C) (3) OF THE INTERNAL
REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INC.OME TAXES,
ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX
POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE
FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE
ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION
APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS
EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A
PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE
CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

30

932054 10-02-19

Schedule D (Form 990) 2019 FOOD GROUP MINNESOTA, INC., THE Part XIII Supplemental Information (continued)	41-1246504 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
LOSS ON DISPOSAL OF ASSETS	

Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization			•				Employer identification number 41-1246504
Part I General Information on Grants		TA, INC., TH	16				41-1240504
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's pi</li> </ol>	istance?	-			-		
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than					(f) Method of	1	1
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
APPETITE FOR CHANGE- BREAKING BREAD MP	27-5112040		0.	7,456.		FOOD	FOOD DISTRIBUTION
BRIAN COYLE COMMUNITY CENTER	41-0916478		0.	100,034.		FOOD	FOOD DISTRIBUTION
CALVARY LUTHERAN CHURCH	41-0705762		0.	55,875.		FOOD	FOOD DISTRIBUTION
CAPI USA	41-1417198		0.	55,771.		FOOD	FOOD DISTRIBUTION
CATHOLIC CHARITIES	41-1302487		0.	467,047.		FOOD	FOOD DISTRIBUTION
COMMUNITY BRIDGE	46-2308775		0.	91,018.		FOOD	FOOD DISTRIBUTION
2 Enter total number of section 501(c)(3)     3 Enter total number of other organization     LHA For Paperwork Reduction Act Notice	ns listed in the line 1	table	e line 1 table				Schedule I (Form 990) (2019)

# Schedule I (Form 990)

#### FOOD GROUP MINNESOTA, INC., THE . .

41-1246504 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY EMERGENCY ASSISTANCE PRO- CEAP	41-0990340		0.	196,406.		FOOD	FOOD DISTRIBUTION
COMMUNITY EMERGENCY SERVICES	41-1728341		0.	152,200.		FOOD	FOOD DISTRIBUTION
CROSS	41-1314577		0.	69,645.		FOOD	FOOD DISTRIBUTION
DIVISION OF INDIAN WORKS- MINNEAPOLIS	41-0693933		0.	36,830.		FOOD	FOOD DISTRIBUTION
FOOD IN THE HOOD NO MPLS FOOD SHELF	01-0768296		0.	105,450.		FOOD	FOOD DISTRIBUTION
LENDALE FOOD SHELF- ESNS	41-0873798		0.	19,316.		FOOD	FOOD DISTRIBUTION
GOOD IN THE HOOD- FOOD IN THE HOOD	01-0768296		0.	93,086.		FOOD	FOOD DISTRIBUTION
GRACE MINISTIRES SOUP KITCHEN	51-0188545		0.	7,066.		FOOD	FOOD DISTRIBUTION
REATER MT VERNON BAPTIST CHURCH	41-1462077		0.	33,818.		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

# Schedule I (Form 990) FOOD GROUP MINNESOTA, INC., THE

Page 1

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROVELAND FOOD SHELF	41-1933266		0.	111,367.		FOOD	FOOD DISTRIBUTION
ICA FOOD SHELF	41-0979010		0.	195,175.		FOOD	FOOD DISTRIBUTION
NCARNATION FOOD SHELF	41-0760816		0.	268,548.		FOOD	FOOD DISTRIBUTION
	41 0700010			200,540.		FOOD	FOOD DISTRIBUTION
INTERFAITH OUTREACH & COMMUNITY PARTNERS	36-3482724		0.	58,666.		FOOD	FOOD DISTRIBUTION
JERICHO ROAD MINISTRIES	03-0406197		0.	358,499.		FOOD	FOOD DISTRIBUTION
OYCE UPTOWN FOOD SHELF	46-3081535		0.	77,235.		FOOD	FOOD DISTRIBUTION
JITTLE KITCHEN FOOD SHELF	30-8796060		0.	21,285.		FOOD	FOOD DISTRIBUTION
ACCC	41-1661528		0.	101,832.		FOOD	FOOD DISTRIBUTION
MINNEHAHA FOOD SHELF	41-0789393		0.	84,666.		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

## Schedule I (Form 990) FOOD GROUP MINNESOTA, INC., THE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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DD DISTRIBUTION	FOOD	FOOD
Schedule I (Form 990)		

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA TEAMSTERS FOOD SHELF	41-1447807		0.	17,324.		FOOD	FOOD DISTRIBUTION
MISSIONS INC	41-0693952		0.	24,297.		FOOD	FOOD DISTRIBUTION
MOBILE FOOD SHELF- ESNS	41-0873798		0.	180,994.		FOOD	FOOD DISTRIBUTION
NEW CREATION BAPTIST CHURCH	41-2018782		0.	131,015.		FOOD	FOOD DISTRIBUTION
NEW OIL CHRISTIAN CENTER	26-4556121		0.	73,166.		FOOD	FOOD DISTRIBUTION
NORTHPOINT HEALTH AND WELLNESS							
CENTER	20-0898277		0.	206,576.		FOOD	FOOD DISTRIBUTION
OUR SAVIOUR'S HOUSING FOODSHELF	20-0810105		٥.	16,275.		FOOD	FOOD DISTRIBUTION
PEOPLE RESPONDING IN SOCIAL MIN- PRISM	41-1442049		0.	175,217.		FOOD	FOOD DISTRIBUTION
PEOPLE SERVING PEOPLE	41-0965067		0.	110,053.		FOOD	FOOD DISTRIBUTION

41-1246504 Page 1

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STEP

ST. LOUIS PARK EMERGENCY PROGRAM-

51-0188692

Schedule I (Form 990)       FOOD GROUP MINNESOTA, INC., THE       41-1246504         Part II       Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)       41-1246504										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ICA	41-0956226		0.	11,374.		FOOD	FOOD DISTRIBUTION			
ROP	41-1430172		0.	61,907.		FOOD	FOOD DISTRIBUTION			
ESCUE NOW SERVICES, INC.	34-1983933		0.	85,103.		FOOD	FOOD DISTRIBUTION			
ABATHANI COMMUNITY CENTER	41-0984859		0.	65,105.		FOOD	FOOD DISTRIBUTION			
ALVATION ARMY - CCO	41-0698597		0.	91,796.		FOOD	FOOD DISTRIBUTION			
HARING AND CARING HANDS FOOD HELF	36-3412619		0.	65,962.		FOOD	FOOD DISTRIBUTION			
HELF OF HOPE	41-0694728		0.	7,092.		FOOD	FOOD DISTRIBUTION			
IMPSON UMC FOOD PANTRY	41-0705805		0.	25,557.		FOOD	FOOD DISTRIBUTION			

FOOD DISTRIBUTION

Schedule I (Form 990)

Ο.

117,908.

FOOD

## Schedule I (Form 990) FOOD GROUP MINNESOTA, INC., THE

41-1246504	Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
THE ALIVENESS PROJECT FOOD SHELF	41-1593900		0.	45,706.		FOOD	FOOD DISTRIBUTION	
THE CAMDEN PROMISE FOOD SHELF	41-0789398		٥.	114,311.		FOOD	FOOD DISTRIBUTION	
THE SENIOR FOOD SHELF- ESNS	41-0873798		٥.	22,976.		FOOD	FOOD DISTRIBUTION	
VEAP	41-6175999		0.	1,299,370.		FOOD	FOOD DISTRIBUTION	
VINEYARD COMMUNITY SERVICES (VCS)	46-1443346		0.	9,525.		FOOD	FOOD DISTRIBUTION	
WAITE HOUSE	41-0916478		0.	169,700.		FOOD	FOOD DISTRIBUTION	
WEST AFRICAN COMMUNITY SERVICES	41-0696933		٥.	123,145.		FOOD	FOOD DISTRIBUTION	
WESTERN COMMUNITY ACTION NETWORK- WECAN	41-1466409		٥.	13,674.		FOOD	FOOD DISTRIBUTION	
WESTONKA FOOD SHELF	41-0718339		0.	86,341.		FOOD	FOOD DISTRIBUTION	

Schedule I (Form 990)

Schedule I (Form	990) FO	OD GROU	P MINNESOT	A, INC.	, THE
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41-1246504 Page 1

chedule I (Form 990) FOOD GRU	JUP MINNESU	$\mathbf{PA}$ , $\mathbf{INC}_{\bullet}$ , $\mathbf{P}$	HE			4	L-1240504 Pa
Part II Continuation of Grants and Oth	er Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	irt II.)	-
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTHLINK FOOD SHELF	41-1341773		0.	15,241.		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> 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.

Schedule I (Form 990) (2019)

Page 2

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

- N/ P. . . 

tment of the Treasury Attach to Form 990	).		, ,	9 01 30.	Open to Public Inspection
e of the organization				Employer	identification number
	IINNESO	TA, INC.,	THE	4	1-1246504
rt I Types of Property					
	(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining ntribution amounts
Art - Works of art					
Art - Historical treasures					
Art - Fractional interests					
Books and publications					
Cars and other vehicles					
Boats and planes					
Intellectual property					
Securities - Closely held stock					
Securities - Partnership, LLC, or trust interests					
Qualified conservation contribution -					
Historic structures					
Real estate - Other					
	Attach to Form 99 Go to www.irs.gov e of the organization FOOD GROUP M FOOD GROUP M Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous Qualified conservation contribution - Historic structures Qualified conservation contribution - Other Real estate - Residential Real estate - Commercial	Image: Arrest of the Treasury at Revenue Service       ► Attach to Form 990.         ► Go to www.irs.gov/Form990 for e of the organization         FOOD GROUP MINNESO         FOOD GROUP MINNESO         (a)         (a)         (a)         Art - Works of art         Art - Historical treasures         Art - Historical treasures       —         Art - Fractional interests       —         Books and publications       —         Clothing and household goods       —         Cars and other vehicles       —         Boats and planes       —         Intellectual property       —         Securities - Publicly traded       —         Securities - Partnership, LLC, or       —         trust interests       —         Securities - Miscellaneous       —         Qualified conservation contribution -       —         Historic structures       —         Qualified conservation contribution - Other       —         Real estate - Residential       —         Real estate - Commercial       —	Attach to Form 990.   Attach to Form 990.   Go to www.irs.gov/Form990 for instructions and   e of the organization   FOOD GROUP MINNESOTA, INC.,   rt1   Types of Property     (a)   (b)   Number of   contributions or   items contributed   Art - Works of art   Art - Historical treasures   Art - Fractional interests   Books and publications   Clothing and household goods   Cars and other vehicles   Boats and planes   Intellectual property   Securities - Publicly traded   Securities - Publicly traded   Securities - Niscellaneous   Qualified conservation contribution - Other   Real estate - Residential	Attach to Form 990.   Go to www.irs.gov/Form990 for instructions and the latest information.   e of the organization   FOOD GROUP MINNESOTA, INC., THE   FOOD GROUP MINNESOTA, INC., THE     Art organization     Art - Works of art     Art - Works of art     Art - Historical treasures     Art - Fractional interests   Books and publications     Clothing and household goods     Cars and other vehicles   Boats and planes     Intellectual property     Securities - Publicly traded   Securities - Partnership, LLC, or   trust interests   Qualified conservation contribution - Other   Real estate - Residential	Co to www.irs.gov/Form990 for instructions and the latest information.     Employer     FOOD GROUP MINNESOTA, INC., THE     A     Types of Property      Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded Securities - Olsely held stock Securities - Partnership, LLC, or     trust interests Securities - Miscellaneous Qualified conservation contribution - Historic structures Qualified conservation contribution - Clothing Cloth

Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement \_\_\_\_\_ 29

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Х

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Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? х 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) 2019

932141 09-27-19

19

20 21

22

23 24

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26

27

28

Food inventory Drugs and medical supplies

Taxidermy Historical artifacts

Scientific specimens

( SERVICE

(HOUSEHOLD ITE)

Archeological artifacts

(

Other 🕨

Other 🕨

Other 🕨

Other 🕨

7,534,605.

68,359.FMV

64,121.FMV

Schedule M	(Form 990) 2019	FOOD	GROUP	MINNESO	TA, INC.	, THE		41-1246504	Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any ac	Informa	tion. Pro	wide the informan ber of contribu	ation required b tions, the numl	y Part I, lines per of items re	30b, 32b, and 33, eceived, or a comb	and whether the organization of both. Also comp	tion plete
932142 09-27-1	19							Schedule M (Form	990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.,

THE



41-1246504

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

FOOD GROUP MINNESOTA,

THE ORGANIZATION TOOK ON TWIN CITIES MOBILE MARKET, A LOW-COST GROCERY

PROGRAM PREVIOUS RUN BY WILDER FOUNDATION. THIS GROCERY PROGRAM USES

BUSSES TO BRING HEALTHY, AFFORDABLE FOODS INTO LOW-INCOME MINNEAPOLIS

AND ST. PAUL NEIGHBORHOODS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DUE TO COVID, TWIN CITIES MOBILE MARKET HAS BEEN SUSPENDED AS OF MARCH

AND FARE FOR ALL RAN ON A LIMITED SCHEDULE.

FORM 990, PART VI, SECTION A, LINE 2:

TWO OF THE BOARD MEMBERS ARE SISTERS: AIMEE PAPPENFUS AND JENNIFER MARSO.

FORM 990, PART VI, SECTION A, LINE 8B:

COMMITEES ARE NOT VOTING COMMITTEES. THEY SURFACE THINGS TO TAKE TO THE

FULL BOARD.

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

IT WILL BE PRESENTED AT OUR JANUARY 2020 BOARD MEETING.

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

EACH BOARD MEMBER AND TEAM MEMBER FILLS OUT THE CONFLICT OF INTEREST FORM

EACH YEAR.

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

THE FOOD GROUP HAS PAY GRADES AND SALARY RANGES IN PLACE. THE FOOD GROUP

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

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Schedule O (Form 990 or 990-EZ) (2019) Name of the organization FOOD GROUP MINNESO	TA, INC., THE	Employer identification number
UPDATES THEM BASED ON THE MOST RI	ECENT MCN SALARY SURVEY.	
FORM 990, PART VI, SECTION C, LI	NE 19:	
THEY ARE AVAILABLE TO ANYONE WHO		
AND AUDIT ARE SHARED WITH ALL FUN		
SHARED IN THE PAST EXCEPT WITH C		ES HAVE NEVER BEEN
FORM 990, PART XI, LINE 9, CHANG	ES IN NET ASSETS:	
LOSS ON DISPOSAL OF ASSETS		-33,518.
932212 09-06-19	Sch	nedule O (Form 990 or 990-EZ) (2019)
60202 310390 005153	43 2019.05040 FOOD GROUP 1	