					C DISCLOSUR			ncomo -	Γον	OMB No. 1545-00)47
-	Q	90		•		-				0000	<u></u>)
Forr		JU			(a)(1) of the Internal F urity numbers on this)
Depa	rtment o	of the Treasury nue Service			orm990 for instruction		-	-		Open to Public Inspection	с
			lar year, or tax year be		CT 1, 2023			SEP 30,	2024	mopoodion	
_	heck if		f organization	- <u></u>						ation number	
	pplicabl	le:	- organization								
	Addre	Je FOOD	GROUP MINN	ESOTA, I	NC., THE						
	Name Chang	ge Doing business as						41-1	24650	4	
	Initial	Number	r and street (or P.O. box		vered to street address)		Room/suite				
	Final return termir		54TH AVENU					763-	450-3		
	ated Amen	City or t	town, state or province		ZIP or foreign postal co	ode		G Gross receip		20,916,39	5.
	_return Applio	INEW	-	5428		2017		H(a) Is this a			
	_ tion pendi		nd address of principa AS C ABOVE	I officer: SOP	HIA LENARZ-(JUI			ordinates?		
		empt status: [D1(c) ()	(insert ps) 10	47(a)(1)	or 527	H(b) Are all sub			No
	Vebsi		THEFOODGROU		(insert no.) 49	47(a)(1) (H(c) Group		st. See instructions	
					sociation Other		I Year			State of legal domicile:	MN
	nrt I	Summary								etate et legal definient.	
	1	Briefly describ	be the organization's m	ission or most	significant activities:	FIG	HTING	HUNGER.	NOU	RISHING	
Governance		OUR COM									
rnal	2	Check this bo	x if the orga	anization discor	tinued its operations of	or dispos	sed of more	e than 25% of i	ts net asse	ts.	
ove	3	Number of vo	ting members of the go	overning body (Part VI, line 1a)						14
Ğ			dependent voting mem								14
Activities &			of individuals employe								65
iviti			of volunteers (estimate								88
Act			d business revenue fro								0.
	b	Net unrelated	business taxable incor	me from Form 9	990-T, Part I, line 11	<u></u>	·····	Prior Yea			0.
	_	o						13,726,		Current Year	0
ne			and grants (Part VIII, li					4,826,		4,536,10	
Revenue			ice revenue (Part VIII, li		and 7d)			4,020,	132.	130,08	
Be			come (Part VIII, column e (Part VIII, column (A),					136	913.	104,79	
			- add lines 8 through 1					18,690,		20,916,39	
			milar amounts paid (Pa			10 12)		5,333,		7,218,55	
			to or for members (Par						0.		0.
s	15	Salarian othe	r componention omple	waa banafita (F	lart IX aalumn (A) lina	o E 10)		3,427,	154.	4,202,89	9.
nse	16a	Professional f	undraising fees (Part IX	K, column (A), li	ne 11e)				0.		0.
Expenses	b	Total fundrais	indraising fees (Part IX, or indraising fees)	column (D), line	25) 8	43,75	54.				
ш	17	Other expense	es (Part IX, column (A),	lines 11a-11d,	11f-24e)			9,199,		8,286,67	
	18	Total expense	es. Add lines 13-17 (mu	ist equal Part Ιλ	(, column (A), line 25)			17,960,		19,708,12	
		Revenue less	expenses. Subtract lin	e 18 from line	2				660.	1,208,26	6.
s or nces							Be	eginning of Curr		End of Year	<u> </u>
Assets (d Balanc	20							7,256,		11,430,81	
Net A	21							<u>1,331,</u> 5,925,		<u>2,439,36</u> 8,991,45	
	22 Irt II	Signatur	fund balances. Subtrace	ct line 21 from	ine 20			5,945,	012.	0,991,49	0.
		-	I declare that I have exam	nined this return	including accompanying	schedules	and statem	ents and to the	hest of my k	nowledge and helief it	is
			<u>. Declaration of preparer (</u>						-	and when ge and benef, it	10
			BI IC DIS	CIOS	URF CO	PΥ	ion proparoi				
Sig	า	Signature of o				• •		Date			
Her		SOPHIA	LENARZ-COY,	EXECUTI	VE DIRECTOR	2					
		Type or print r	name and title						_		
		Print/Type pre			Preparer's signature			Date	Check	PTIN	
Paid			LLSBURY		MATT PILLSBU			02/07/25			
Prep		Firm's name			ASSOCIATES	5, LT	D.	Firm	's EIN 41	-1534805	
Use	Only	Firm's address	5 7760 FRANC						/ ~ -	0 0 0 1 0 0 0	-
			BLOOMINGTO	-				Phor	ne no. (95	2) 831-008	
May	the ll	RS discuss thi	s return with the prepa	rer shown abov	e? See instructions					X Yes	No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: FIGHTING HUNGER. NOURISHING OUR COMMUNITY.
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	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(code:)(Expenses \$17,856,759. including grants of \$7,218,556.) (Revenue \$4,386,790. HUNGER RELIEF- OUR AGENCY SUPPORT TEAM PROUDLY EQUIPS OVER 200 FOOD SHELF AND MEAL PROGRAM PARTNERS WITH HIGH-QUALITY, NUTRITIOUS, AND CULTURALLY RELEVANT FOOD, ALONG WITH ESSENTIAL SUPPORT SERVICES. THE NEED FOR FOOD IN THE TWIN CITIES IS AT AN ALL-TIME HIGH, AND OUR PARTNERS ARE RISING TO THE CHALLENGE. WE ARE WITNESSING A SIGNIFICANT INCREASE IN FAMILIES AND
	INDIVIDUALS FACING RISING FOOD PRICES AND REDUCED ACCESS TO ESSENTIAL RESOURCES. IN RESPONSE, WE ARE PROACTIVELY MEETING THIS DEMAND BY SIGNIFICANTLY INCREASING THE QUANTITY OF LOCAL FOODS WE PROVIDE AND ENHANCING OUR COLLABORATION WITH TRIBAL GOVERNMENTS THROUGHOUT THE STATE. TOGETHER, WE ARE MAKING A POWERFUL IMPACT IN OUR COMMUNITIES. SEE SCHEDULE O FOR ADDITIONAL PROGRAMMING LANGUAGE.
	Den Benebeen e for Abbilionne incontentine Endemone.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4b 4c 4d 4e	(Code:) (Expenses \$ including grants of \$) (Revenue \$

Form	990	(2023)
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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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
-	Schedule D, Part III	8		<u> </u>
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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,	11a	х	
h	Part VI		- 23	
D		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>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			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		(0000)
332003	12-21-23	⊢orm	330	(2023)

332003 12-21-23

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 Form 990 (2023)
 FOOD GROUP MINNESOTA, INC., THE
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 Page 4

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

2 Did the organization report more than 05,000 of grants or other assistance to or for domestic individuals on Part K. Count NJ, Ine 27 + Way, "complete Schedule / A str. 3, 4, or 5, about componation of the organization survert and former diffice, director, trustes, key employee, and highest compensation of the organization access that a texesempt bond issue with an outstanding principal amount of nore than 310,000 as of the list day of the year, that was issued after Documeter 31, 2002? If 'Yea,' answer lines 24b through 24d and complete Schedule / W 16, yoo time 256. 24a X 24a Did the organization naves any proceeds of tax-seempt bond beyond a temporary period exception? 24a 24a 25a Schedule / W 16, yoo time 25a 24a 24a 25a Schedule / W 16, yoo time 25a 24a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the erganization engots of any organization is a second access therefit transaction with a disqualified parson during the year? 24a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the erganization engots of any organization access that in the transaction with a disqualified parson during the year? 25a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organization to founder, substantial continutor, red 390 r 590 r				Yes	No
23 Did the organization answer "Yes" to Farl W, Section A, line 3, 4, of 5, about compensation of the organization is usernal mark forms officers, directors, trustees, key employee, and highest companiated employee? If 'Yes, 'complete Schedule J, I'Ar, 'Arb, 'a proceeded of the organization have at tax exempt band issue with an outstanding principal amount of more than 5100,000 as of the test day of the year, that was issued affer December 31,0007; I'Yes, 'answer lines 20 through 24 and complete Schedule J, I'Arb, 'a proceeded of tax-exempt band issue with an internation of the more than 5100,000 as of the set of the organization maintain an escow account other than a refunding acrow at any time during the year'. 24a X 25 Bott the organization and at an 'on behall of 'issuer for bonds outstanding at any time during the year'. 24d X 25 Section 30(6)(5), 50(6)(4), 40(6)(4) organizations. Dit the organization again is a negative to any other section with a display principal amount of prior Forms 900 or 900-E27. If 'Yes,' complete Schedule J, Part I 25b X 26 Dit the organization aware that I're angoad in an excess benefit transaction with a display of the organization or other section or tormer officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator arc and the the transaction has not been reported or any of the organization prior Forms 900 or 900-E27. If 'Yes,'' complete Schedule L, Part I 26b X 27 X Did the organization prior any and or of the situation activation, and assignment or any solution oreprior any oreprior and the thelevelot and the there on the secon	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, fusiees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule / 24 24 Did the organization invest any proceeds of tax exempt bonds beyond a temporary parted exception? 24 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary parted exception? 24 26 Did the organization invest any proceeds of tax exempt bonds beyond a temporary parted exception? 24 26 Did the organization invest any proceeds of tax exempt bonds beyond a temporary parted exception? 24 27 Did the organization invest any proceeds of tax exempt bonds beyond a temporary parted exception? 24 28 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Dot the organization engage in an excess tendit 25 28 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Dot the organization engage in an excess tendit 25 29 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Dot the organization engage in an excess tendit 25 29 To the organization more and any of the organization space is a provide a grant or the organization provide a grant or other assistance to any complete Schedule L, Part I 26 20 Did the organization inported any annound on Part X, tine 5 or 22, for receivable form on payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled are they analyze thereol or any climes analyze thereol or any climes and climes and climes and cl		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J. 23 X 4a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K. If No, ¹ yo thine 25a. 24a 2 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a 2 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a 2 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a 2 Did the organization invest any proceeds of tax exempt bonds? 24d 2 Did the organization invest any proceeds of tax exempt bonds? 24d 2 Did the organization aver that the angaged in an excess benefit 24d 2 To be the organization aver that the angaged in an excess benefit 25b action 50(16), 50(16), 40(16), 40	23				
240 Did the organization have a tax-exampl bond issue with an outstanding principal amount of more them \$100.000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 240 through 244 and complete Schedule (K // No, 'go to line 25a 24a X b Did the organization invest any proceeds of tax-exampl bonds beyond a temporary paried exception? 24d 24d 25a 25chedule (K // No, 'go to line 25a) 24d 24d 25a 25chedule (K // No, 'go to line accow account the than a refunde score) at any time during the year? 24d 25a 25chedule (L / Stort) 25chedule (L / Stort) 25chedule (L / Stort) 25a 25chedule (L / Stort) 25chedule (L / Stort) 25chedule (L / Stort) 25b 25chedule (L / Stort) 25chedule (L / Stort) 25chedule (L / Stort) 25b 25chedule (L / Stort) 25chedule (L / Stort) 25chedule (L / Stort) 25chedule (L / Stort) 25chedule (L / Stort) 25chedule (L / Stort) 25chedule (L / Stort) 27b Did the organization provide a grant or other assistance to any current or former officer, director, tustes, key employse, creator or founder, substantial contributor, or 35k controlled entry finduding an employse three officer, director, tustes, key employse, creator or founder, substantial contributor, or to 35k controlled entry for nework of any diffiet there officer, director, tustes, key employ		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Is at day of the year, that was issued after December 31.2002? If "Yes," answer lines 24b through 24d and complete 24a X b Did the organization mixest any proceeds of tax exempt bords beyond a temporary period exception? 24b 24b c Did the organization mixest any proceeds of tax exempt bords beyond a temporary period exception? 24b 24b d Did the organization mixest any proceeds of tax exempt bords beyond a temporary period exception? 24b 24c 25 Section 50(26)3, 501(24), and 501(2)9 organizations. Did the organization angle in an excess benefit transaction with a disqualified perion during the yar? 25c X b Is the organization aware that it engaged an an excess benefit transaction with a disqualified perion in a prior year, and that the transaction has not bern reported on any of the organization apport is quotient with a disqualified perion of the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former former, directric, trustee, key employee, creator or founder, substantial contributor, or 35% 26b X 27 Did the organization park of any or these persons? If "Yes," complete Schedule L, Part II 26 X 28 a A current or former officier, directric, trustee, key employee, freesod, ag and sectors founder? See the Schedule L, Part II 27c X 29 Was the organization aper to a direct or founder, or substantial contributor? If "Yes," complete Schedule L, Part II 28a X 29 Did the organization necelle contributions of art, historical treasares, or othar similar assets, or qualifi			23		X
Schedule K. If You's to be a 25a 24a X b Did the organization meantain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds? 24b X d Did the organization meantain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds? 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a X b Is the organization act as an 'on behalf of 'issuer for bunds outstanding at any time during the year? 25a X d Did the organization may aware that 1 engaged in an excess benefit transaction with a disqualified person in a pror year, and that the transaction with a disqualified person in a pror year, and that the transaction with a disqualified person during the year? 25b X d Did the organization provide 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% concolled schedule L, Part I 26 X 28 Was the organization provide agrant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? H 27 X 28 Was the organization receive more than 825.000 in nonceah contributions? H *Yes, 'complete Schedule L, Part IV, instrutions of any payables the interesota asset, o	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d d Did the organization and tain an escrow account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? 24d d Did the organization and tain an escrow account other than a refunding escrew at any time during the year? 24d 25a Section 507(cl)3, 501(cl/4), and 501(cl/2) organizations. Did the organization atoget in an excess benefit transaction was not been reported on any of the organization space in an excess benefit transaction third and space escoss benefit transaction that of organization. Space escoss benefit transaction is a prory ear. 25b X. 250 Did the organization spont bene reported on any of the organization space escoss benefit transaction at provement of a more there escoss benefit transaction. To a 35% controlled escoperos? 7r Yes, 'complete Schedule L, Part I 26b X. 270 Did the organization provide a grant or othanks substantial contributor or major there of more flows, substantial contributor? If 'Yes, 'complete Schedule L, Part IV. 28c X. 280 Was the organization explorabe fining threshods, conditions, and exceptions? 47 Yes, 'complete Schedule L, Part IV. 28c X. 281 A any incrivi		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-semptib conds? 24c 25a Section 50 (c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization anguage in an excess benefit transaction with a disqualided person during the year? 24d 25a Section 50 (c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization are excess benefit transaction with a disqualified person in a pror year, and that the transaction any of the organization proof Section 27 // 1**es, complete Schedule L, Part I 25a X 25a Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // **es, complete Schedule L, Part I 26a X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? // **es, complete Schedule L, Part I // 27a X 28 Was the organization provide a grant or other assistance to any current or founder, or substantial contributor? // **es, complete Schedule L, Part I // 28b X 29 Did the organization receive more than 852,000 in nonceah contributions? // **es, complete Schedule L, Part I // 28b X 29 X Did the organization receive more than 852,00		Schedule K. If "No," go to line 25a	24a		X
any tax-exempt bonds? 24d 4 24d 4 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule I, Part I 25a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule I, Part I 25a 25a Ut the organization aware that engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, truste, key employee, creator or former, substantial contributor, or 35% 26 27 Did the organization aware that contribut or or the assistance to any current or former officer, director, truste, key employee, creator or former of former officer, director, truste, key employee, creator or former of former officer, director, truste, key employee, creator or former of former officer, director, truste, key employee, creator or former officer, director, truste, key employee, c	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year' 254 Section 501(x)3, 501(x)4, and 501(x)23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not obsen reported on any of the organization's prior Forms 900 or 900-E77 (I''yes, 'complete Schedule L, Part I 25a X 25 b is the organization strange of the organization's prior Forms 900 or 990-E77 (I''yes, 'complete Schedule L, Part I 25b X 26 Did the organization argument 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 (including an employee and y of these persons?) (I'''es, 'complete Schedule L, Part II 26 X 27 Did the organization provide thereof, a grant schema sestance to any current or form these, rote at 5% controlled entity (including an employee thereof, a grant schema sestance to any current or form the ''ws, 'complete Schedule L, Part IV. 27 X 28 Was the organization provide thereof or family member of any individual described to file dividual contributor? If ''ws, 'complete Schedule L, Part IV. 28a X 29 DA atminy member of any individual described in line 28a? If ''Yes, 'complete Schedule L, Part IV. 28a X 29 DA atminy member of any individual described in line 28a? If ''Yes, 'complete Schedule M. 29 X 29 DA atminy member of any individual described in lin	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. Z7 X 8 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III. Z8 X a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. Z80 X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. Z80 X 29 Did the organization a party ca business and/or organizations described in line 28a or 280? If "Yes," complete Schedule L, Part IV. Z80 X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M. 30 X 31 Did the organization nelted to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I 31 X 32 Did the organization nelted to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 33 Did the organization nelted to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	27				
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instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV D Id the organization receive more than \$25,000 in noncesh contributions? If "Yes," complete Schedule M D Id the organization receive more than \$25,000 in noncesh contributions? If "Yes," complete Schedule M D Id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M D Id the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I D Id the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I D Id the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I D Id the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 D Id the organization receive any payment from or engage in any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations on Schedule O, Part V, line 2 D Id the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 1 D Id the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 1 D Id the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 1 D Id the organization complete Schedule O and provide explanations on Schedule O for P	28				
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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 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 32 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule Q ond provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 X Yes, '' complete Schedule O for Part VI, lines 11b and 19? 38 X 39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI,	29			Х	
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Form 990				MINNESOTA,			
Part V	Statem	ents Regardin	g Other I	RS Filings and Ta	ax Compl	iance	(continued)

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 65				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a		<u> </u>	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37	
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
_	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	_	v		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х	
-I	to file Form 8282?	7c			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7-			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f			
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h			
h 8					
U	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?				
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.				
a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b			
10	Section 501(c)(7) organizations. Enter:				
а	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	1			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b	_			
С	Enter the amount of reserves on hand 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1			
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	1			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.		0000		
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Form	990	(2023)
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FOOD GROUP MINNESOTA, INC., THE

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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 74	below,	and for a "No" res	ponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See inst			
	Check if Schedule O contains a response or note to any line in this Part VI			X

eC	tion A. Governing Body and Management		1	1
		4	Yes	N
1a		4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	3	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		2
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	\vdash
2	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.00		
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
54	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iud		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			I
7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))		availa	bla
0		s)s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Down request Other (explain on Schedule O)			
0		nd for -	مندا	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	na tinan	cial	
~	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SOPHIA LENARZ-COY - 763-450-3860			
	8501 54TH AVENUE NORTH, NEW HOPE, MN 55428-3710		פפס ו	/- ·

Part VII	Со	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	En	nployees, and Independent Contractors

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per	(do box,	not cl	(C Pos heck i ss per	C) ition more rson is	l than o s both	one 1 an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week		(list any hours for related organizations below holose bolose			from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations		
(1) SOPHIA LENARZ-COY EXECUTIVE DIRECTOR	40.00			x				129,349.	0.	20,651.
(2) BRIDGET HAYDEN	2.00			Δ		-		129,549.	0.	<u>20,051.</u>
SECRETARY	2.00	x		x				0.	0.	0.
(3) DAVE SCHMIECHEN	2.00	Δ		Δ				0.	0.	0.
VICE CHAIR	2.00	x		х				0.	0.	0.
(4) GEORGI NGUYEN	2.00									
DIRECTOR		х						0.	0.	0.
(5) PATRICE BAILEY	2.00									
DIRECTOR		x						0.	Ο.	0.
(6) KEITH NARR	2.00									
CHAIR		Х		Х				0.	0.	0.
(7) KURT JOHANSEN	2.00									
TREASURER		Х		Х				0.	0.	0.
(8) LEAH PORTER	2.00									
DEVELOPMENT CHAIR		Х		Х				0.	0.	0.
(9) ANDREW CHELSETH	2.00									
DIRECTOR		Х						0.	0.	0.
(10) STEVE KRIKAVA	2.00									
DIRECTOR		Х						0.	0.	0.
(11) RHYS WILLIAMS	2.00									
DIRECTOR		Х						0.	0.	0.
(12) SARAH KINNEY	2.00									
DIRECTOR		Х						0.	0.	0.
(13) SHARMYN PHIPPS	2.00									
DIRECTOR		Х						0.	0.	0.
(14) SHARON ROBERG-PEREZ	2.00							_		
DIRECTOR		Х					<u> </u>	0.	0.	0.
(15) STEPHANIE SPENCE	2.00								•	
DIRECTOR		Х						0.	0.	0.
										 000 (2222)

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332007 12-21-23

	990 (2023) FOOD GROU	JP MINNE	ISO	TA	,	IN	IC.	,	THE	41-12	<u>246</u> !	504	Page 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(0				(D)	(E)			(F)
	Name and title	Average			Posi	ition			Reportable	Reportable			timated
		hours per		not ch , unles					compensation	compensatio			ount of
		week		cer an					from	from related			other
		(list any	tor						the	organization			pensation
		hours for	direc				σ		organization	(W-2/1099-MIS	I		om the
		related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anization
		organizations	ruste	al tru:		/ee	mper		1099-NEC)			•	I related
		below	dual t	ltion	_	l ploy	st co iyee	5					nizations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
			_		0	×	1 0				-+		
											-+		
											-+		
									100.240		_		
	Subtotal								129,349.		0.	20),651.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
d	Total (add lines 1b and 1c)								129,349.		0.	20),651.
	Total number of individuals (including but n								eceived more than \$100,	000 of reportable	•		
	compensation from the organization						,		. ,	•			1
													Yes No
3	Did the organization list any former officer,	director truct			mol	~~~~	0 0r	hia	hast componented ampl	0,000 00	ſ		
		-		•	•	-		Ŭ					v
	line 1a? If "Yes," complete Schedule J for s											3	X
	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	Jf	or such individual			4	X
	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." com	nplete Schedule	e. J fa	or su	ch r	oers	on .					5	X
	ion B. Independent Contractors												
1	Complete this table for your five highest co	mnensated ind	ene	nder	nt co	ontra	actor	s th	nat received more than \$	100 000 of comr	ensat	ion fro	m
	the organization. Report compensation for	-									/onload		
		the calendar ye	are	nuin	y wi							(0)	
	(A) Name and business	addraaa							(B) Description of s	onviooo	0	(C) ompen	
~					1.0				Description of s	ervices		ompen	Salion
	CESS COMPUTER CONSULTI												
GOL	<u>DEN HILLS DR, GOLDEN V</u>	ALLEY,	MN	5!	54:	16			IT SERVICES			158	3,382.
THE	VILLAGE AGRICULTURAL	COOPERA	TΙ	VE	, :	37	03		TRANSLATOR, 1	MENTOR			
COU	NTRY CLUB ROAD SW, ROC	HESTER,	М	N !	559	90	2		AND OTHER PRO	OFESSION		130),313.
	· · · · · ·			-									
								_					
2	Total number of independent contractors (ii	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	-				2		-	,				
												Form C	990 (2023)
													(2020)

		(2023) FOOD GROUP	MINNESOTA,	INC., THE		41-1246	504 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a respor	nse or note to any line		(5)	(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a	5,371.				
ran	b	Membership dues 1b					
Ъ С С	c	Fundraising events 1c					
ar /	c	Related organizations 1d					
inil, (e	e Government grants (contributions)	2,638,507.				
er S	f	All other contributions, gifts, grants, and					
jt j		similar amounts not included above 1f	13,501,532.				
onti	g	Noncash contributions included in lines 1a-1f		16 145 410			
<u>o</u> e	h	Total. Add lines 1a-1f	Business Code	16,145,410.			
	0.0	FOOD SALES	624210	4,386,790.	4,386,790.		
vice	2 a b		611710	149,317.	149,317.		
Ser	0			,			
Program Service Revenue	c		_				
Be	e		_				
Pro	f	All other program service revenue					
	g	— • • • • • • • • • • •		4,536,107.			
	3	Investment income (including dividends, in	terest, and				
				130,083.			130,083
	4	Income from investment of tax-exempt bor					
	5	Royalties	(ii) Personal				
	•		(II) Personal				
	6 a						
	b						
		I Net rental income or (loss)					
		Gross amount from sales of (i) Securitie	es (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
evenue	c	Cain or (loss) 7c					
		l Net gain or (loss)					
Other R	8 a	Gross income from fundraising events (not					
õ		including \$ of					
		contributions reported on line 1c). See					
	h	Part IV, line 18 Less: direct expenses	8a 8b				
		 Net income or (loss) from fundraising event 	<u> </u>				
		a Gross income from gaming activities. See					
		Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
			10a				
		•	10b				
-+	C	Net income or (loss) from sales of inventory					
sn	44 -	MISCELLANEOUS INCOME	Business Code 624210	104,795.	104,795.		
neol	11 a b		024210	104,193.	104,735.		
ellar ven	c c		-				
Miscellaneous Revenue		All other revenue	-				
Σ	e	• Total. Add lines 11a-11d		104,795.			
	12	Total revenue. See instructions		20,916,395.	4,640,902.	0.	130,083.
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FOOD GROUP MINNESOTA, INC., THE Form 990 (2023)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX								
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	7,218,556.	7,218,556.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	150,000.	117,492.	15,098.	17,410.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	3,261,217.	2,545,877.	332,221.	383,119.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	506,455.	398,912.	47,849.	59,694.				
10	Payroll taxes	285,227.	224,004.	27,624.	33,599.				
11	Fees for services (nonemployees):								
а	Management								
b	Legal								
с	Accounting								
d	Lobbying								
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
	column (A), amount, list line 11g expenses on Sch 0.)	1,154,725.	836,143.	182,210.	136,372.				
12	Advertising and promotion								
13	Office expenses	313,266.	72,348.	80,208.	160,710.				
14	Information technology								
15	Royalties								
16	Occupancy	495,242.	214,210.	281,032.					
17	Travel	407,720.	404,724.	2,134.	862.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials \dots								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	293,980.	165,967.	128,013.					
23	Insurance								
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).								
	amount, list line 24e expenses on Schedule 0.)								
а	FOOD COSTS	5,239,999.	5,225,522.	6,845.	7,632.				
b	MISCELLANEOUS	152,986.	251,613.	-126,897.	28,270.				
с	PROGRAM SUPPLIES	130,009.	121,613.	1,015.	7,381.				
d	STAFF & VOLUNTEER EXPEN	69,991.	31,022.	30,264.	8,705.				
		28,756.	28,756.	1 000 010	040 554				
25	Total functional expenses. Add lines 1 through 24e	19,708,129.	17,856,759.	1,007,616.	843,754.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)				E. 000 (cost)				
332010	0 12-21-23	10			Form 990 (2023)				

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FOOD GROUP MINNESOTA, INC., THE

41-1246504 Page 11

Par	נא	Dalance Sheet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	497,642.	1	378,417		
	2	Savings and temporary cash investments			199,080.	2	100,933
	3	Pledges and grants receivable, net			648,048.	3	1,671,092
	4	Accounts receivable, net			109,803.	4	193,758
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali	•				
		under section 4958(f)(1)), and persons described	•	·		6	
ω	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,339,828.	8	1,143,425
As	9				168,038.	9	225,776
		Land, buildings, and equipment: cost or other			•		
		basis. Complete Part VI of Schedule D	10a	8,353,626.			
	b	Less: accumulated depreciation		3,665,064.	4,293,632.	10c	4,688,562
	11	Investments - publicly traded securities			0.	11	1,848,678
	12	Investments - other securities. See Part IV, line			-	12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	0.	15	1,180,171		
	16	Total assets. Add lines 1 through 15 (must equ			7,256,071.	16	11,430,812
	17	Accounts payable and accrued expenses	423,826.	17	664,026		
	18	Grants payable		18			
	19	Deferred revenue		166,555.	19	131,410	
	20	Tax-exempt bond liabilities			•	20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form					
LIADIIITIES		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		22			
	23	Secured mortgages and notes payable to unrela	709,279.	23	547,967		
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	•	24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	,		31,399.	25	1,095,959
	26	Tatal Rabilities Add Ress 47 through 05			1,331,059.	26	2,439,362
		Organizations that follow FASB ASC 958, che					
es		and complete lines 27, 28, 32, and 33.					
	27			5,553,636.	27	7,438,113	
	28	Net assets with donor restrictions	371,376.	28	7,438,113 1,553,337		
		Organizations that do not follow FASB ASC 9					
<u></u>		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,925,012.	32	8,991,450
Z	33	Total liabilities and net assets/fund balances			7,256,071.	33	11,430,812

Form 990 (2023)

 Form 990 (2023)
 FOOD

 Part X
 Balance Sheet

Form	1 990 (2023) FOOD GROUP MINNESOTA, INC., THE	41	-1246504	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>		🖸	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,916		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,708		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,208	-	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,925	5,012	2.
5	Net unrealized gains (losses) on investments	5			
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	1,858	<u>,172</u>	2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,991	.,450).
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			L	
				Yes N	lo
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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 separat	e basis,			
	consolidated basis, or both:				
	Separate basis X 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 th	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 (D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	
			_		

Form **990** (2023)

Department of the Treasury Internal Revenue Service

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
2023
Open to Public Inspection

T

Name of the organization

Nam	e of t	he organization								identification number		
			GROUP MINI							1-1246504		
Par	tl	Reason for Public C	Charity Status.	All organizatio	ns must c	omplete th	nis part.) S	ee instruction	S.			
The c	organi	zation is not a private found	ation because it is: (F	or lines 1 thro	ugh 12, cl	heck only o	one box.)					
1		A church, convention of chu	urches, or associatio	n of churches	described	in sectio	n 170(b)(1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative	hospital service orga	nization descri	ibed in se	ection 170	(b)(1)(A)(i	ii).				
4		A medical research organization	ation operated in cor	njunction with a	a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	Х	An organization that normal	lly receives a substar	ntial part of its	support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Com	plete Parl	t II.)						
9		An agricultural research org	anization described	in section 170)(b)(1)(A)(i	ix) operate	ed in conju	unction with a	land-grant	college		
		or university or a non-land-g	grant college of agricu	ulture (see inst	ructions).	Enter the I	name, city	, and state of	the college	or		
		university:										
10		An organization that normal	lly receives (1) more t	than 33 1/3% c	of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subject	t to certain exc	eptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 5 ⁻	11 tax) fro	m busines	ses acqui	red by the org	anization a	ıfter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusiv	vely to test for	public sat	fety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusiv	vely for the ber	nefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported org	ganizations describe	d in section 5	09(a)(1) o	r section	5 09(a)(2) .	See section &	509(a)(3). (Check the box on		
		lines 12a through 12d that of	describes the type of	supporting or	ganizatior	n and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, su	upervised, or c	ontrolled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint	or elect a	majority o	f the direc	tors or truste	es of the su	ipporting		
		organization. You must c	omplete Part IV, Se	ctions A and I	В.							
b		Type II. A supporting orga	anization supervised	or controlled in	n connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving		
		control or management o	f the supporting orga	anization veste	d in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A an	d C.							
С		Type III functionally inte	grated. A supporting	g organization	operated	in connect	ion with, a	and functional	ly integrate	ed with,		
		its supported organization	n(s) (see instructions)	. You must co	omplete F	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	v integrated. A supp	orting organiza	ation oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)		
		that is not functionally inte	egrated. The organiz	ation generally	must sati	isfy a distr	ibution red	quirement and	an attentiv	/eness		
		requirement (see instructi	ions). You must con	nplete Part IV,	Sections	A and D,	and Part	v .				
е		Check this box if the orga	anization received a v	vritten determi	nation fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or	Type III non-functior	nally integrated	l supportir	ng organiz	ation.					
		r the number of supported o	•									
g		ide the following information	about the supporte			(iv) to the orac	inization listed					
	(1) Name of supported organization	(ii) EIN	(iii) Type of org (described on li		in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)		
		organization		above (see inst	ructions))	Yes	No		istructions)			
Tota												

	A (Form 990) 2023
Part II	Support Schedu

FOOD GROUP MINNESOTA, INC., THE

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13980008.	13630954.	10306131.	13711163.	16145410.	67773666.
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	13980008.	13630954.	10306131.	13711163.	16145410.	67773666.
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.						67773666.
See	ction B. Total Support	_		_	_		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	13980008.	<u>13630954.</u>	10306131.	<u>13711163.</u>	16145410.	67773666.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,331.	1,470.	403.	132.	130,083.	137,419.
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.)	-23,825.	2,324.	2,558.	34,713.	104,795.	
11	Total support. Add lines 7 through 10						68031650.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 18	,174,721.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and sto					<u></u>	
	ction C. Computation of Publi		-			 	
	Public support percentage for 2023 (I			column (f))		14	99.62 %
	Public support percentage from 2022	,	<i>,</i>			15	99.77 %
16a	33 1/3% support test - 2023. If the	-			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circl		•				
18	Private foundation. If the organization	on ala not check a	box on line 13, 16	a, 160, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

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800	qualify under the tests listed b	elow, please com	plete Part II.)				
	tion A. Public Support	() () ()	(1) 0000	() 655 (()) 2222	() 2222	(0) T · · ·
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
0							
	tion C. Computation of Publi						
	Public support percentage for 2023 (I		-			15	%
	Public support percentage from 2022 ction D. Computation of Invest					16	%
	•			no 12 octume (4)		17	07
	Investment income percentage for 20					17	<u>%</u> %
18 10-	Investment income percentage from 3 33 1/3% support tests - 2023. If the			on line 14 and line			
198							
Ь	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the						L
D	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			•		•	
	23 12-21-23	and not oneon a	20/ 011110 14, 19				(Form 990) 2023
50202			15			Coneduie F	

FOOD GROUP MINNESOTA, INC.,

(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

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

THE

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Schedule A (Form 990) 2023

^{2023.05040} FOOD GROUP MINNESOTA, INC 005153_1

1

2

Yes No

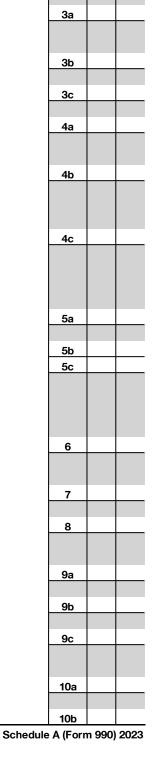
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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16

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion l	B. Type I Supporting Organizations			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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. Section C. Type II Supporting Organizations

Schedule & (Form 990) 2023

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)

	porteu organ	11Zalio(113).	
Section D.	All Type	III Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* line 3 below.

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

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

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

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.*332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

FOOD GROUP MINNESOTA, INC., THE

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Yes

Yes No

Yes No

1

2

No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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		
с	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

FOOD GROUP MINNESOTA, INC., THE

Schedule A (Form 990) 2023

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instructions).

Schedule A (Form 990) 2023

FOOD GROUP MINNESOTA, INC., THE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

	Amounto poid to supported averaginations to accorreginate	mat auragege		4	
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	· · · · · ·		2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
_4	Amounts paid to acquire exempt-use assets			4 5	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		[10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
5	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
'	-				
0	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
n	EXCess from 2022				

Schedule A (Form 990) 2023

Current Year

e Excess from 2023

Schedule A (Form 990) 2023

Section D - Distributions

Part IV, Section A, I	ines 1, 2, ion D, line	3b, 3c, 4 s 2 and 3	b, 4c, 5a 3; Part IV	a, 6, 9a, 9 /, Section	b, 9c, 11a, 1 E, lines 1c, 2	1b, and 1 2a, 2b, 3a	1c; Part IV, , and 3b; Pa	Section B, lines art V, line 1; Par	41-1246504 Page or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V, tional information.
CHEDULE A, PART	II, I	LINE	10,	EXPL	NATION	I FOR	OTHER	INCOME:	
THER INCOME									
019 AMOUNT: \$	-23,	825.							
020 AMOUNT: \$	2,32	4.							
021 AMOUNT: \$	2,55	8.							
022 AMOUNT: \$	34,7	13.							
023 AMOUNT: \$	104,	795.							

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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	2023
Name of the organization		Employer identification number
I	FOOD GROUP MINNESOTA, INC., THE	41-1246504
Organization type (check	<one):< td=""><td></td></one):<>	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions
General Rule		
•	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali ny one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		

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

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

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

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

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

Schedule B

(Form 990)

Name of organization

Employer identification number

41-1246504

FOOD GROUP MINNESOTA, INC., THE

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,518,807.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>618,995.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>495,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u> <u>6</u> 323452 12-26	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
6			
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		—	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	

23

Schedule B (Form 990) (2023)

$09430207 \ 310390 \ 005153$

2023.05040 FOOD GROUP MINNESOTA, INC 005153_1

41-1246504

Employer identification number

FOOD GROUP MINNESOTA, INC., THE

Schedule B (Form 990) (2023)

Name of organization

	B (Form 990) (2023)			Page 4
Name of o	organization			Employer identification number
FOOD	GROUP MINNESOTA, INC.,	ГНЕ		41-1246504
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described ir		(10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000	or less for the year. (Enter the	is info. once.) \$
(a) No.				· · · · · · · · · · · · · · · · · · ·
from Part I	(b) Purpose of gift	(c) Use of gift	(d)) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
		[
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>				
		(e) Transfer of	gift	
	Transformala norma address a		Deletienskin	
	Transferee's name, address, a		Relationship	of transferor to transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(4) Description of how gift is held
Part I				
		(e) Transfer of	aift	
			girt	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
323454 12-26	6-23			Schedule B (Form 990) (2023)

SCHEDULE C	Political Campaign and Lobbying Activities
(Form 990)	For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Department of the Treasury nternal Revenue Service	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

Depa

Interr

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nar	me of organization				Emplo	over identification number
_		OUP MINNESOTA, IN				41-1246504
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) o	r is a section 52	7 org	anization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3).		
1	Enter the amount of any excise tax	incurred by the organization under	section 4955		\$	
	Enter the amount of any excise tax					
	If the organization incurred a sectio					
4	a Was a correction made?					Yes No
	b If "Yes." describe in Part IV.					
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	except section 5	01(c)	(3).
1	Enter the amount directly expended	by the filing organization for secti	on 527 exempt functio	on activities	\$	
2	Enter the amount of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527		
					\$	
3	Total exempt function expenditures		•			
	line 17b					
4	Did the filing organization file Form					
5	, , , , , , , , , , , , , , , , , , , ,			•		
	made payments. For each organiza contributions received that were pro-	· · · · ·				-
	political action committee (PAC). If				parate	segregated fund of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

23

LHA 332041 11-06-23

Schedule C (Form 990) 2023	FOOD (GROUP	MINNESOTA,	INC., THE	41-1	246504 Page 2
Part II-A Complete if the org section 501(h)).	janizatio	n is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
	ation belond	us to an affil	liated group (and list in	Part IV each affiliated	group member's name	address. EIN.
expenses, and sha		•	e		g. cap memoria e name	., aaa. ooo, =,
			nd "limited control" pro	visions apply.		
Limi	its on Lobb	ying Exper	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence publ	ic opinion (g	grassroots lobbying)			
b Total lobbying expenditures to infl	uence a leg	islative bod	ly (direct lobbying)		41,208.	
c Total lobbying expenditures (add l	ines 1a and	l 1b)			41,208.	
d Other exempt purpose expenditur					27,801,685.	
e Total exempt purpose expenditure	es (add lines	s 1c and 1d)		27,842,893.	
f Lobbying nontaxable amount. Ent					1,000,000.	
If the amount on line 1e, column (a) of			bying nontaxable am			
not over \$500,000,		20% of 1	the amount on line 1e.			
over \$500,000 but not over \$1,000	0,000,	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
over \$1,000,000 but not over \$1,5	00,000,	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,	000,000,	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
over \$17,000,000,		\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% of	line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer	ro or less, e	nter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, er	nter -0-			0.	
j If there is an amount other than ze	ero on eithe	r line 1h or l	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this						Yes No
		4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations t			01(h) election do not l ate instructions for lir		of the five columns be	low.
	Lobb	ying Exper	nditures During 4-Yea	ar Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a) 2	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					1,000,000.	1,000,000.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						1,500,000.
c Total lobbying expenditures					41,208.	41,208.
d Grassroots nontaxable amount					250,000.	250,000.

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

375,000.

332042 11-06-23

e Grassroots ceiling amount

(150% of line 2d, column (e))

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	lobbying activity.			ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements? Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

	CHEDULE D orm 990) CHEDULE D Complete if the organization answered "Yes" on Form 990,						45-0047 DQ
-	-	⁷ Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					
	ment of the Treasury I Revenue Service		Ittach to Form 990. 0 for instructions and the latest information.			Open to Inspection	
Nam	e of the organizati			Emp		identification	
Pa	rt I Organiza	FOOD GROUP MINNESO	d Funds or Other Similar Funds or A	ccoun		1 - 12465	
		n answered "Yes" on Form 990, Part IV, lin					•
			(a) Donor advised funds	(b) Fun	ds and	l other accour	nts
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year		-			
5	-		writing that the assets held in donor advised fur exclusive legal control?			Yes	No
6			dvisors in writing that grant funds can be used				
			r donor advisor, or for any other purpose confe				
_	impermissible priv					Yes	No
Pa			ganization answered "Yes" on Form 990, Part I	/, line 7.			
1		servation easements held by the organization	· · · · · ·				
		n of land for public use (for example, recrea of natural habitat	tion or education) Preservation of a his Preservation of a cer	-	-		
		n of open space		uned his	storic s	structure	
2		• •	fied conservation contribution in the form of a ${f c}$	onserva	tion ea	sement on the	e last
	day of the tax yea					t the End of the	
а	Total number of co	onservation easements		2a			
b	•			2b			
с			ucture included on line 2a	2c			
d		vation easements included on line 2c acqu					
2			eased, extinguished, or terminated by the orgar	2d	during	the tex	
3	year	valion easements modified, transferred, rei	eased, extinguished, or terminated by the organ	IIZALION	uunng	the tax	
4		 where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the per					
		orcement of the conservation easements it				Yes	No No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	on ease	ments	during the ye	ar
_		<u> </u>					
7	Amount of expens	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	asement	is durir	ng the year	
8	Does each conser	 vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)	(i)			
-	and section 170(h					Yes	No No
9	In Part XIII, descril		on easements in its revenue and expense stater				
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements th	nat desc	ribes t	he	
De	organization's acc	ounting for conservation easements.	Art, Historical Treasures, or Other	Simila		-+-	
Fa		f the organization answered "Yes" on Form		Simila	A55	els.	
10			8, not to report in its revenue statement and ba	lanco st		orke	
ia	•		blic exhibition, education, or research in furthera				
			ncial statements that describes these items.	r			
b	· •		8, to report in its revenue statement and balance	e sheet	works	of	
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	e of pub	olic ser	vice,	
	-	ing amounts relating to these items.					
					\$		
0	.,		agurage or other similar agosts for financial gain		\$		
2		received or held works of art, historical tre- unts required to be reported under FASB A	asures, or other similar assets for financial gain,	ριονίαε	;		
а	-		SC 956 relating to these items.		\$		
					\$		

b	Assets included in Form 990, Part X

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28				
~	~	-	~	~

Sche		OUP MINNES						41-12	46504	4 Pa	age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check	any of the	following that	t make si	ignificant i	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌 I	Loan or exc	change progra	am					
b	Scholarly research	e	,	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ey further t	he organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be many	aintained as part of t	he organ	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran		te if the	organizatio	n answered "	Yes" on	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for	contributio	ns or other as	sets not	included		_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F						ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds Complete in	(a) Current year			rm 990, Part (c) Two yea			/ears back		Voore	back
4.	Desire in a factor balance	(a) Current year	(0) P	rior year	(C) TWO yea	IS DALK	(u) mee	JEAIS DAUK	(e) Four	years	Dauk
1a	Beginning of year balance										
D	Contributions										
C	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses End of year balance										
g 2	End of year balance Provide the estimated percentage of the cur		l 0 (lipo 1 c)) hold as:						
2	Board designated or quasi-endowment		e (iine rg %	y, column (a	i)) neiu as.						
h	Permanent endowment	%									
° C		%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse		ation that	t are held a	nd administer	red for th	ne				
	organization by:]	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent									
	Complete if the organization answere	ed "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• • •	t or other (other)		ccumulate preciation		(d) Boo	k value	e
1a	Land			1,10	0,000.				1,10	0,0	00.
	Buildings				75,208.	1,	453,0		2,82	2,1	56.
	Leasehold improvements			· · ·							
	Equipment			2,97	78,418.	2,	212,0	12.	76	6,40	06.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. line 10	0c. column	(B))	<u></u>			4,68	8,50	62.
-								Cabadula			

Schedule D (Form 990) 2023

Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Table (Oct (h) much small From 000 Dath V (has 40 and (D))			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 000 Dart IV line	11d Soc Form 000 Port V line 15	
		The See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DUE TO/FROM OTHER FUNDS			125,881.
(2) RIGHT OF USE ASSET			1,054,290.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	ol. (B))		1,180,171.
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Deparimtion of lightlity	on rom 330, Fait IV, Ille	THE OFTEN. GEE FORTH 390, Fart A, III P 23	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE			18,454.
(3) RIGHT OF USE LEASE LIABIL			1,055,934.
(4) FISCAL AGENT FUNDS HELD F	OR OTHERS		21,571.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	d (B))		1,095,959.
 Liability for uncertain tax positions. In Part XIII, provide 	a + b + a + a + a + a + b + a + a + a +	the organization's financial statements t	

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) 2023

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Schedule D (Form 990) 2023 FOOD GROUP MINNESOTA, INC., THE 41-1246504 Page 3

Part VII Investments - Other Securities

000 Part IV line 11b See Form 000 Part V line 12 moloto if the organ ration answord "Vos"

Sche	edule D (Form 990) 2023 FOOD GROUP MINNESOTA, IN			1246504 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenu	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	20,916,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			20,916,395.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
	Total revenue Addings 2 and 4 (T): () ()		5	20,916,395.
<u> </u>	Total revenue. Add lines 3 and 4C. (This must equal Form 990, Part I, line 12.)		····· v	= • / • = • / • • • •
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State	ements With Expens	ses per Retur	n
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With Expension	ses per Retur	n
9 Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expens 12a.	ses per Retur	n 19,708,129.
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With Expens 12a.	ses per Retur	n
1	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With Expension	ses per Retur	n
1 2	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Ements With Expension 12a. 2a	ses per Retur	n
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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	2a 2a	ses per Retur	n
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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	2a	ses per Retur	n
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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.)	2a	1	n <u>19,708,129.</u> 0.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1 2e	n 19,708,129.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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.)	2a 2b 2c 2d	1 2e	n <u>19,708,129.</u> 0.
1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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	2a 2b 2c 2d	1 2e	n <u>19,708,129.</u> 0.
1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	1 2e	n <u>19,708,129.</u> 0.
1 2 b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	2e 3	n <u>19,708,129.</u> 0. <u>19,708,129.</u> 0.
1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2b 2b 2c 2d 2d	2e 3	n <u>19,708,129.</u> 0. <u>19,708,129.</u>

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

PART 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.

31

332054 09-28-23

Schedule D (Form 990) 2023	FOOD	GROUP	MINNESOTA,	INC.,	THE	41-1246504 Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	rmation	(continued)				
						Schedule D (Form 990) 2023
332055 09-28-23						

332055 09-28-23

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.											
Name of the organization		00 10 www.ii 5	.900/F0111990101				Inspection Employer identification number					
FOOD GROU	P MINNESOT	TA, INC., TH	HE				41-1246504					
Part I General Information on Grants a	nd Assistance											
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance?				U U		on Yes X No					
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiza	ations and Domestic	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
BOIS FORTE TRIBAL GOVERNMENT	41-0954784		0.	19,094.		FOOD	FOOD DISTRIBUTION					
BRIAN COYLE COMMUNITY CENTER	41-0916478		0.	180,169.		FOOD	FOOD DISTRIBUTION					
CALVARY LUTHERAN CHURCH	41-0705762		0.	141,950.		FOOD	FOOD DISTRIBUTION					
CAMPUS KITCHEN AT AUGSBURG			0.	37,388.		FOOD	FOOD DISTRIBUTION					
CANSAYAPI FOOD PANTRY	41-0210269		0.	55,426.		FOOD	FOOD DISTRIBUTION					
CAPI USA 2 Enter total number of section 501(c)(3) ar	41-1417198	anizations listed in the	0.	18,755.		FOOD	FOOD DISTRIBUTION					

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES	41-1302487		0.	327,142.		FOOD	FOOD DISTRIBUTION
CLUES - MPLS			٥.	35,960.		FOOD	FOOD DISTRIBUTION
COMMUNITY BRIDGE	46-2308775		0.	30,407.		FOOD	FOOD DISTRIBUTION
COMMUNITY EMERGENCY ASSISTANCE							
PRO- CEAP	41-0990340		0.	110,314.		FOOD	FOOD DISTRIBUTION
COMMUNITY EMERGENCY SERVICES	41-1728341		0.	71,779.		FOOD	FOOD DISTRIBUTION
CROSS	41-1314577		0.	136,250.		FOOD	FOOD DISTRIBUTION
EVERGREEN PARK COMMUNITY SCHOOL	41-6008267		0.	10,360.		FOOD	FOOD DISTRIBUTION
FOOD IN THE HOOD	01-0768296		0.	141,579.		FOOD	FOOD DISTRIBUTION
FOODSHELF IN A BOX	01-0768296		0.	93,846.		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

41-1246504 Page 1

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

41-1246504	Page 1
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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOMWORKS BREAD OF LIFE			0.	50,542.		FOOD	FOOD DISTRIBUTION
GLENDALE FOOD SHELF- ESNS	41-0873798		0.	100,354.		FOOD	FOOD DISTRIBUTION
GOOD IN THE HOOD- FOOD IN THE HOOD	01-0768296		٥.	27,913.		FOOD	FOOD DISTRIBUTION
GREAT IS THY FAITHFULNESS	41-0760816		0.	91,228.		FOOD	FOOD DISTRIBUTION
GREATER MT VERNON BAPTIST CHURCH	41-1462077		0.	47,396.		FOOD	FOOD DISTRIBUTION
GROVELAND FOOD SHELF	41-1933266		0.	79,347.		FOOD	FOOD DISTRIBUTION
HOPE FOR THE COMMUNITY - NORMANDALE	46-3680832		0.	45,289.		FOOD	FOOD DISTRIBUTION
ICA FOOD SHELF	41-0979010		0.	67,728.		FOOD	FOOD DISTRIBUTION
INTERFAITH OUTREACH & COMMUNITY PARTNERS	36-3482724		0.	80,127.		FOOD	FOOD DISTRIBUTION
			•••			<u> </u>	

Schedule I (Form 990)

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

Schedule I (Form 990)

	Assistance to Doi	liestic organizations	and Domestic de	verninents (cond		a t m.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JERICHO ROAD MINISTRIES	03-0406197		٥.	423,264.		FOOD	FOOD DISTRIBUTION
JOYCE UPTOWN FOOD SHELF	46-3081535		0.	167,931.		FOOD	FOOD DISTRIBUTION
JOICE OFICWN FOOD SHELF	40-5081555		0.	107,931.		FOOD	FOOD DISTRIBUTION
мссс	41-1661528		٥.	229,678.		FOOD	FOOD DISTRIBUTION
MINNEHAHA FOOD SHELF	41-0789393		0.	202,473.		FOOD	FOOD DISTRIBUTION
MINNESOTA TEAMSTERS FOOD SHELF	41-1447807		٥.	189,398.		FOOD	FOOD DISTRIBUTION
MOBILE FOOD SHELF- ESNS	41-0873798		0.	100,073.		FOOD	FOOD DISTRIBUTION
NEW CREATION BAPTIST CHURCH	41-2018782		0.	162,548.		FOOD	FOOD DISTRIBUTION
NEW OIL CHRISTIAN CENTER	26-4556121		0.	39,035.		FOOD	FOOD DISTRIBUTION
NORTH HENNEPIN COMM COLLEGE FOOD CUPBOARD			0.	25,145.		FOOD	FOOD DISTRIBUTION
	1		· · ·			F	<u></u>

332241 04-01-23

41-1246504 Page 1

SHELF OF HOPE

SALVATION ARMY - CCO

Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORTHPOINT HEALTH AND WELLNESS	20-0898277		0.	86,518.		FOOD	FOOD DISTRIBUTION
	20 0050277						FOOD DISTRIBUTION
DUR SAVIOUR'S HOUSING FOODSHELF	20-0810105		0.	6,963.		FOOD	FOOD DISTRIBUTION
PEOPLE RESPONDING IN SOCIAL MIN- PRISM	41-1442049		0.	110,122.		FOOD	FOOD DISTRIBUTION
PEOPLE SERVING PEOPLE	41-0965067		0.	24,571.		FOOD	FOOD DISTRIBUTION
PROP	41-1430172		0.	51,362.		FOOD	FOOD DISTRIBUTION
r KOP	41-1430172		0.	51,502.		FOOD	FOOD DISTRIBUTION
RESCUE NOW SERVICES, INC.	34-1983933		0.	96,558.		FOOD	FOOD DISTRIBUTION
SABATHANI COMMUNITY CENTER	41-0984859		0.	86,949.		FOOD	FOOD DISTRIBUTION

FOOD DISTRIBUTION

FOOD DISTRIBUTION

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45,701.

8,996.

FOOD

FOOD

41-0698597

41-0694728

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

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Page 1

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Part II Continuation of Grants and Other	Assistance to Dom	estic Organizations	and Domestic Go	vernments (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	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILOH CARES FOOD SHELF PROGRAM	41-1557928		0.	33,424.		FOOD	FOOD DISTRIBUTION
SIMPSON UMC FOOD PANTRY			0.	6,745.		FOOD	FOOD DISTRIBUTION
SOURCE MN	41-1588666		0.	201,647.		FOOD	FOOD DISTRIBUTION
ST. LOUIS PARK EMERGENCY PROGRAM- STEP	51-0188692		0.	102,692.		FOOD	FOOD DISTRIBUTION
ST. OLAF LUTHERAN CHURCH			0.	137,642.		FOOD	FOOD DISTRIBUTION
				,			
TASK FORCE			0.	220,752.		FOOD	FOOD DISTRIBUTION
THE ALIVENESS PROJECT FOOD SHELF	41-1593900		0.	53,604.		FOOD	FOOD DISTRIBUTION
THE CAMDEN COLLECTIVE			0.	80,764.		FOOD	FOOD DISTRIBUTION
THE CAMDEN PROMISE FOOD SHELF	41-0789398		0.	128,038.		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

NEAR FOOD SHELF

Schedule I (Form 990) FOOD GROU Part II Continuation of Grants and Other		TA, INC., The stic Organizations		overnments (Sche	edule I (Form 990), Pa		<u>1-1246504</u> P
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SANNEH FOUNDATION			0.	273,008.		FOOD	FOOD DISTRIBUTION
	44 00000000						
THE SENIOR FOOD SHELF- ESNS	41-0873798		0.	77,681.		FOOD	FOOD DISTRIBUTION
VEAP	41-6175999		0.	570,457.		FOOD	FOOD DISTRIBUTION
WAITE HOUSE	41-0916478		0.	46,558.		FOOD	FOOD DISTRIBUTION
WEST AFRICAN COMMUNITY SERVICES	41-0696933		0.	196,304.		FOOD	FOOD DISTRIBUTION
WESTERN COMMUNITY ACTION NETWORK- WECAN	41-1466409		0.	13,345.		FOOD	FOOD DISTRIBUTION
WESTONKA FOOD SHELF	41-0718339		0.	164,435.		FOOD	FOOD DISTRIBUTION
WHITE EARTH FEED OUR FAMILIES			0.	7,555.		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

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134,818.

FOOD

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

41-1246504 Page 1

Schedule I (Form 990) FOOD GROU	T MINUEDO	IA, INC., II					1-1240304 Pa
Part II Continuation of Grants and Other				vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHO ROAD ELLIOT PARK			0.	7,655.			FOOD DISTRIBUTION
INNEAPOLIS 1ST ADVENTIST CHURCH			0.	96,426.			FOOD DISTRIBUTION
UTRITIOUS U FOOD PANTRY			0.	23,872.			FOOD DISTRIBUTION

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re-	uired in Part I, lir	ne 2; Part III, column	(b); and any other ac	Iditional information.	1

Schedule I (Form 990) 2023

Part III

41-1246504

Page 2

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

23

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ΖU

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Name of the organization

Employer	identification number
1	1 1246504

FOOD GROUP M	INNESOTA	A, INC.,	THE	41-1246504	
Part I Types of Property					
		(b) Number of contributions or ems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amoun	ts
1 Art - Works of art					

2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other \ldots					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory	X		7,159,257.	FMV	
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other (HOUSEHOLD ITEMS)	X	0	16,738.		
26	Other (PROGRAM SUPPLIE)	X	0	12,018.	FMV	
27	Other ()					
28	Other ()					
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions		
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement 29		
						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 3 years from the date of the initial contribution, and which isn't required to be used for		
	exempt purposes for the entire holding period?	30a	X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		
	contributions?		X
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		
	describe in Part II.		
F F	Non-service Deduction Act Nation and the Instructions for Error 000		

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M	(Form 990) 2023	FOOD	GROUP	MINNESOTA	, INC.,	THE	41-1246504	Page 2
Part II	Supplemental	Inform	ation. Pro	vide the information	required by F	Part I, lines 30	0b, 32b, and 33, and whether the organization	ation
	this part for any a	t I, columr	ו (b), the nur	mber of contributions	s, the number	r of items rece	eived, or a combination of both. Also com	plete
	. ,							
332142 09-11-2	23						Schedule M (Forn	n 990) 2023
							· ·	-
					13			

SCHEDULE	0
(Form 990)	

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.

THE



41-1246504

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

FOOD GROUP MINNESOTA,

WE MERGED WITH HUNGER SOLUTIONS AS OF 3/1/24, AND WITH THAT MERGER WE

ADDED A SNAP GRANT AS PART OF THE HUNGER RELIEF TEAM AND A NEW ADVOCACY

PROGRAM

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

AFFORDABLE GROCERY-

WE ARE WITNESSING A REMARKABLE SURGE IN DEMAND FOR OUR FARE FOR ALL AND

TWIN CITIES MOBILE MARKET PROGRAMS, DRIVEN BY THE EFFECTS OF INFLATION

ON GROCERY BUDGETS. TO ADDRESS THIS NEED, WE ARE CONFIDENTLY EXPANDING

OUR OFFERINGS TO INCLUDE PREMIUM MEATS AND FRESH PRODUCE FROM LOCAL

FARMERS. WITH THE INTRODUCTION OF TWO NEW PROPANE-POWERED TWIN CITIES

MOBILE MARKET BUSES, WE ARE SUCCESSFULLY REACHING EVEN MORE

NEIGHBORHOODS WITH LIMITED FOOD ACCESS. THIS EXPANSION HAS LED TO A

SIGNIFICANT INCREASE IN SALES, EMPOWERING US TO EFFECTIVELY MEET THE

RISING DEMAND.

BIG RIVER FARMS-

BIG RIVER FARMS WORKED CLOSELY WITH OUR FARM TEAMS THIS YEAR, OFFERING

ACCESS TO LAND, INFRASTURCTURE, AND BUSINESS DEVELOPMENT SKILLS. WE

ALS WORKED CLOSELY WITH FEDERAL GOVERNMENT GRANTS AND COMMUNITY

PARTNERS TO PROVIDE ADDITIONAL PLANNING TRAINING, HANDS ON TECHNICAL

ASSISTANCE AND EXPANDED MARKET OPPORTUNITIES FOR OUR FARMERS. WE WORK

TO KEEP LAND FEES LOW FOR ALL LAND FARMERS AND HAVE CHOSEN TO WAIVE

LAND FEES FOR ALL INDIGENOUS FARMERS AS A WAY TO ACKNOWLEDGE LANDS THAT

WERE STOLEN FROM NATIVE PEOPLES.

Schedule O (Form 990) 2023	Page 2
Name of the organization FOOD GROUP MINNESOTA, INC., THE	Employer identification number $41 - 1246504$
ADVOCACY: WE CONTINUED TO CHAIR THE PARTNERS TO END HUNGE	R COALITION
ALONGSIDE 30 OTHER ORGANIZATIONS AND COMPANIES INTERESTED	IN SUPPORT
ANTI-HUNGER POLICY PRIORITIES. BILLS WERE INTRODUCED FOR T	HE FOLLOWING
LEGISLATIVE PRIORITIES: REQUIRING SCHOOLS IN MINNESOTA TO	PROVIDE A 15
MINUTE MINIMUM OF TIME FOR STUDENTS EATING SCHOOL LUNCH AF	TER RECEIVING
THEIR MEAL (HF3556); MOVE MARKET BUCKS PROGRAM TO DEPT. OF	HEALTH AND
FUND A PILOT TO EXPAND MARKET BUCKS TO TRADITIONAL GROCERY	RETAILERS;
INCREASE THE SNAP MINIMUM BENEFIT FOR SENIORS 60+ FROM \$23	то \$50.
HUNGER DAY ON THE HILL WAS HELD IN MARCH 2024 WITH 200 ATT	ENDEES WHO
MET WITH THEIR LEGISLATORS TO DISCUSS ISSUES AROUND FOOD I	NSECURITY.

FORM 990, PART VI, SECTION A, LINE 4:

GOVERNMENT DOCUMENTS UPDATED WITH MERGER.

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 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.

332212 11-14-23

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

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

UPDATES THEM BASED ON THE MOST RECENT MCN SALARY SURVEY.

Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page 2
Name of the organization FOOD GROUP MINNESOTA, INC., THE	Employer identification number 41-1246504
FORM 990, PART VI, SECTION C, LINE 19:	
THEY ARE AVAILABLE TO ANYONE WHO ASKS. THE 990 IS ON THE	WEBSITE. THE 990
AND AUDIT ARE SHARED WITH ALL FUNDERS WHO REQUEST IT. FIN	NANCIAL
INFORMATION IS ALSO INCLUDED IN THE ANNUAL REPORT. POLICIE	ES HAVE NEVER BEEN
SHARED IN THE PAST EXCEPT WITH CHARITY REVIEW COUNCIL.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
MERGER WITH HUNGER SOLUTIONS	1,858,172.