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EXTENDED TO AUGUST 15, 2023

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

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

Department of the Treasury Internal Revenue Service

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



ΑF	or the	2021 calendar year, or tax year beginning OCT 1, 2021 and e	ending SI	EP 30, 2022	
B C	heck if plicable	C Name of organization		D Employer identific	ation number
	Addre	SECOND HARVEST HEARTLAND			
	Name	23-7417654			
	Initial	E Telephone number			
		(651) 484-51			
	termin ated			G Gross receipts \$	302,357,845.
	Ameno return	BROOKLYN PARK, MN 55428		H(a) Is this a group re	turn
	Applic	F name and address of principal officer: Address of 1001E		for subordinates	? Yes X No
	pendir	⁹ 7101 WINNETKA AVE N BROOKLYN PARK, MN 55428		H(b) Are all subordinates in	
		empt status: 🕱 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🗌 4947(a)(1) o	r 📃 527	lf "No," attach a	list. See instructions
		e: WWW.2HARVEST.ORG		H(c) Group exemptior	
		organization: 🕱 Corporation 📄 Trust 🦳 Association 🦳 Other 🕨	L Year (of formation: 1976 🛛 🛛	State of legal domicile: MN
Pa	rt I	Summary			
a	1	Briefly describe the organization's mission or most significant activities: SEE PAR	T III, L	INE 1	
Governance					
, Line		Check this box 🕨 🛄 if the organization discontinued its operations or dispose			
Š		Number of voting members of the governing body (Part VI, line 1a)			25
୍ଷ ଅ		Number of independent voting members of the governing body (Part VI, line 1b)			25
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			268
Ĭ		Total number of volunteers (estimate if necessary)			9348
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		212,507,202.	206,415,837.
en		Program service revenue (Part VIII, line 2g)		8,997,066.	17,807,075.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		403,108.	1,654,087.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,938.	-61,445.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		221,947,314.	225,815,554.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		152,037,386.	157,312,287.
		Benefits paid to or for members (Part IX, column (A), line 4)		14,364,399.	18,902,337.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		476,780.	533,986.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		470,700.	555,500.
Ä				36,384,215.	50,859,871.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	203,262,780.	227,608,481.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,684,534.	-1,792,927.
- 2	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		115,779,386.	100,651,861.
Asse Bala				13,885,958.	10,599,608.
let /		Net assets or fund balances. Subtract line 21 from line 20		101,893,428.	90,052,253.
Pa	rt II	Signature Block		101,000,120.	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of mv	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date								
Here	ALLISON O'TOOLE, CEO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date							
Paid	CHARLES SELCER, CPA	07/21/23	3 self-employed P00437250							
Preparer	Firm's name SDK CPA			Firm's EIN 🕨 41-1680240						
Use Only	Firm's address 🕨 100 WASHINGTON AVE S STE	1600								
	MINNEAPOLIS, MN 55401 Phone no.612-332-5500									
May the II	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	132001 12-09-21 I HA For Paperwork Reduction Act Notice, see the separate instructions.									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	rt III Statement of Program Service Accomplishments	23-7417654	Page
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	SECOND HARVEST HEARTLAND'S MISSION IS TO END HUNGER TOGETHER. IN		
	PARTNERSHIP WITH MORE THAN 423 FOOD SHELVES AND NON-PROFIT PARTNERS		
	AND MORE THAN 1,100 HUNGER-RELIEF PROGRAMS, WE SUPPORT THOSE IN OUR		
	REGION FACING HUNGER.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			s 🛛 No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		5 <u></u> NC
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		s X No
5	If "Yes," describe these changes on Schedule O.		5 <u></u> NC
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by expense	c
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, i		
	revenue, if any, for each program service reported.		and
4a	(Code:) (Expenses \$ 180,601,167. including grants of \$ 149,675,848.) (Revenue \$	17 8	07 075.
Ĩ	FOOD BANK: LAST YEAR, WE DISTRIBUTED MORE THAN 123 MILLION POUNDS OF		, .
	FOOD. AS A FOOD BANK, WE WORK WITH 423 FOOD SHELVES AND NON-PROFIT		
	PARTNERS AND MORE THAN 1,100 HUNGER-RELIEF PROGRAMS IN 41 COUNTIES IN		
	MINNESOTA AND 18 COUNTIES IN WESTERN WISCONSIN TO GET FOOD TO NEIGHBORS		
	FACING HUNGER. WE PROVIDED, ON AVERAGE, 86% OF ALL FOOD DISTRIBUTED BY		
	OUR PARTNERS.		
4b	(Code:) (Expenses \$14,695,256. including grants of \$2,716,969.) (Revenue \$	s	
	COMMUNITY OUTREACH: MORE THAN A FOOD BANK, WE'RE A LEADING PARTNER IN		
	THE POLICIES AND PROGRAMS THAT WORK TO END HUNGER AND WE'RE AN		
	INNOVATOR IN THE AREAS WHERE FOOD CAN BE THE SOLUTION. MINNESOTA		
	CENTRAL KITCHEN, OUR PREPARED MEALS INITIATIVE, PROVIDED 1,387,217		
	FULLY PREPARED MEALS ACROSS THE REGION, IN PARTNERSHIP WITH MORE THAN		
	FOLDI FREFARED MEADS ACROSS THE REGION, IN FARTNERSHIF WITH MORE THAN		
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Earm	000	(2021)
Form	990	(2021)

Par	TIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? 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		х	
~	during the tax year? If "Yes," complete Schedule C, Part II	4	Δ	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	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,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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,			
	Part VI	<u>11a</u>	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
A	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	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			v
40	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	10		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I.</i> See instructions	17	х	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
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Pa	t IV Checklist of Required Schedules (continued)			<u></u>
	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
22		22	х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
~ ~	Schedule J	23	~	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20				
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
00		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	1 00	I	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 52		103	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1-	х	
40000		1c	 990	(2001
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Form	990 (2021) SECOND HARVEST HEARTLAND 23-74176	54	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 26	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			
-	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-	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?		X X	┼──
d	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Δ	┼──
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g k	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
0 0	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
a		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	50		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
a	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	-		
-	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
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			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instru				X
Sec	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	25		100	110
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b		25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any c	other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct sup	pervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5		Х
6	Did the organization have members or stockholders?		6		X
7a					
	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				
	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 follo	owing:			
а	The governing body?		Ba	Х	
b	Each committee with authority to act on behalf of the governing body?		Bb	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	e.)			
		_	_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	1	0a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affil				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	1	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filir	ng the form?	1a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1	2a	Х	
b			2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descri	be			
	on Schedule O how this was done	1	2c	X	
13	Did the organization have a written whistleblower policy?	····· <u> </u>	13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by indepe	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official	1	5a	X	
b	Other officers or key employees of the organization	1	5b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partici	ipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	1	6b		
<u></u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O		1V) 2	availat	ole
Sec 17 18	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SEE SCHEDULE 0 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	ection 501(c)(3)s or	y) t		
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE 0 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se for public inspection. Indicate how you made these available. Check all that apply.				
17 18	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (see for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. Image: Check all that apply. X Own website Image: Another's website Image: Check all that apply. Image: Check all that apply.	ule O)	•		
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (set for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. X Own website Image: Another's website X Upon request Other (explain on Schedul Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interests.	ule O)	•	ial	
17 18 19	List the states with which a copy of this Form 990 is required to be filed ► <u>SEE_SCHEDULE_O</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (set for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedu Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter statements available to the public during the tax year.	ule O) erest policy, and fir	•	ial	
17 18	List the states with which a copy of this Form 990 is required to be filed ► <u>SEE_SCHEDULE_0</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (see for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedue Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interstatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and recommendation.	ule O) erest policy, and fir	•	ial	
17 18 19	List the states with which a copy of this Form 990 is required to be filed ► <u>SEE_SCHEDULE_O</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (set for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedu Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter statements available to the public during the tax year.	ule O) erest policy, and fir	•	ial	

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending wit	h or within the organization'	s tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)				(D)	(E)	(F)			
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated					
	hours per	box	box, unless person is both an		box, unless person is both an		box, unless person is both an		compensation	compensation	amount of
	week	-	officer and a director/trustee)		from	from related	other				
	(list any	recto						the	organizations	compensation	
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the	
	related organizations	ustee	trust		66	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	below	ual tr	tional		yold r	vee vee	_	1099-1120)		organizations	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo	
(1) ALLISON O'TOOLE	40.00		_		-						
CHIEF EXECUTIVE OFFICER		1		x				500,300.	0.	32,190.	
(2) MEGAN MUSKE	40.00										
CHIEF DEVELOPMENT OFFICER				х				239,312.	0.	14,147.	
(3) PATRICK J. BORAN	40.00										
CHIEF FINANCIAL OFFICER (PART-YEAR)				х				180,037.	0.	21,595.	
(4) ELIZABETH COOPER	40.00										
CHIEF EXTERNAL RELATIONS OFFICER				х				169,135.	0.	27,078.	
(5) THIERRY M. IBRI	40.00										
CHIEF OPER/PROG OFFICER (PART-YEAR)				X				168,296.	0.	20,990.	
(6) DAVID E. LASKEY	40.00										
DIR ENT EFF & FACILITY MGM						X		133,928.	0.	19,812.	
(7) CONSTANCE C. SCHLUNDT	40.00										
DIRECT MARKETING DIRECTOR						X		124,618.	0.	24,196.	
(8) COLLEEN HASE	40.00										
DIRECTOR OF INFO. TECH.						X		137,009.	0.	8,660.	
(9) JULIE VANHOVE	40.00										
DIR OF SOURCE/DEM PLAN						X		121,460.	0.	23,476.	
(10) DANIEL J. FUHRMAN	40.00										
CONTROLLER						X		125,161.	0.	14,257.	
(11) STACY L. WADE	40.00										
CHIEF PEOPLE OFFICER				Х				112,101.	0.	6,744.	
(12) SARAH MOBERG	40.00										
CHIEF OPERATIONS OFFICER (PART-YEAR)				х				57,000.	0.	4,801.	
(13) MICHAEL HOBAN	40.00										
CHIEF FINANCIAL OFFICER (PART-YEAR)				х				40,769.	0.	0.	
(14) BILL KOSCHAK	1.00										
TREASURER		Х		Х				0.	0.	0.	
(15) CAM HOANG	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(16) CHRISTINA HENNINGTON	1.00										
BOARD MEMBER		х						0.	0.	0.	
(17) CHRIS FINCH	1.00										
BOARD MEMBER		Х						0.	0.	0.	
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Form 990 (2021)

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Part VII Section A. Officers, Directors, Truesses, Kor Employees, and Highest Compensated Employees: Conditional Analysis and State Processing and State Procesing and S	Form 990 (2021) SECOND HARVES	T HEARTLAN	D							23-743	1765	4	Pa	ige 8
(A) (B) (B) (C) (C) (D) (E) (F) (F) Name and title Average (B)	Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
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DORAN LEADERSHIP PARTNERS 1779 JAMES AVENUE S, MINNEAPOLIS, MN 55403 RECRUITMENT 205,721. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 15								320						
1779 JAMES AVENUE S, MINNEAPOLIS, MN 55403 RECRUITMENT 205,721. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 15								-	5 1.11 I ING				200,	
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 15		55403						ľ	RECRUITTMENT				205	721
\$100,000 of compensation from the organization 15	·		at lin	aitor	1 + ~ +	thee				ore than			,	
	• • •	•	J. 111	me	01			eu	above, who received mo	Jourall				
			TS									Form	990 (2	2021)

132008 12-09-21

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ai	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	1			ition			Reportable	Reportable	Estimated
	hours	(cł	neck	all '	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	r				loyee		the organization	organizations	compensation from the
	hours for	direct				d em p		(W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related	ee or	istee			n sate				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividua	titutio	Officer	/ emp	hesto	Former			
	line)	pul	lns	0#	Key	Ξi	For			
(27) JODI BAHL	1.00	_								_
BOARD MEMBER	1.00	х						0.	0.	0
(28) JOEL MATURI	1.00									
BOARD MEMBER	1.00	х						0.	0.	0
(29) KEN DAVIDSON	1.00	v							^	^
BOARD MEMBER (30) PAULA PHILLIPPE	1.00	X		<u> </u>	<u> </u>	<u> </u>		0.	0.	0
BOARD MEMBER	1.00	x						0.	0.	0
(31) RON FELDMAN	1.00	^			-			· · ·	0.	0
VICE CHAIR	1.00	x		x				0.	0.	0
(32) SARITA PARIKH	1.00								••	
BOARD MEMBER		x						0.	0.	0
(33) SHAHID ALAM	1.00									
BOARD MEMBER		x						0.	0.	0
(34) SHAWN O'GRADY	1.00									
PAST CHAIR		х						٥.	0.	0
(35) SHEILAH STEWART	1.00									
BOARD MEMBER		х						0.	0.	0
(36) STACEY FOWLER-MEITTUNEN	1.00									
BOARD MEMBER		Х						0.	0.	0
(37) TAMMYLYNNE JONAS	1.00									
BOARD MEMBER		Х						0.	0.	0
(38) TERI CROSBY	1.00									
BOARD MEMBER		х						0.	0.	0
		-								
		1								
		1								

132201 04-01-21

		Check if Schedule O					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
6	1 9	Federated campaigns		1a		13,907,404.				560110115 512 -
and Other Similar Amounts		•• • • • •		1b						
DOM		Fundraising events				1,175,337.				
ΓA		Related organizations								
nila		Government grants (cont				7,735,307.				
Sin		All other contributions, gifts		,						
Jer	•	similar amounts not include				183,597,789.				
ġ	n	Noncash contributions included in				155,431,996.				
and	9 h	Total. Add lines 1a-1f					206,415,837.			
						Business Code	, ,			
	2 a	FOOD PURCHASE				624200	12,419,611.	12,419,611.		
	b	FOOD DISTRIBUTION				624200	5,387,464.	5,387,464.		
nue	c						· · ·			
svel	d									
Revenue	e									
	f	All other program service	e reve	nue						
	g	Total. Add lines 2a-2f					17,807,075.			
	3	Investment income (inclu								
		other similar amounts)	-				52,702.			52,7
	4	Income from investment								
	5	Royalties		-	-					
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (los	s)	•						
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a	77,908,8	26.	55,400.				
	b	Less: cost or other basis								
P.		and sales expenses	7b	76,362,8	41.	0.				
	с	Gain or (loss)		1,545,9		55,400.				
		Net gain or (loss)				>	1,601,385.			1,601,3
		Gross income from fundrais								
		including \$ 1,	175	337. of						
		contributions reported or	n line	1c). See						
		Part IV, line 18			8a	7,500.				
	b	Less: direct expenses			8b	179,450.				
		Net income or (loss) from			ts		-171,950.			-171,9
	9 a	Gross income from gamin	ng ac	tivities. See						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	ı gam	ing activities	s					
	10 a	Gross sales of inventory,	less	returns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sale:	s of inventor	у					
T						Business Code				
Revenue	11 a	PALLET SALE				900099	78,796.	78,796.		
nu	b	MISCELLANEOUS INCO	ME			900099	31,709.	31,709.		
eve	с									
å		All other revenue			_					
		Total. Add lines 11a-11d					110,505.			
	12	Total revenue. See instructi				····· F	225,815,554.	17,917,580.	0.	1,482,1

Form 990 (2021)

10

2021.06000 SECOND HARVEST HEARTLAND 62903.01

23-7417654

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23-7417654 Page 10

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 (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 152,199,338 152,199,338 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 5,112,949 5,112,949. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 1,709,563 1,709,563 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 13,837,006. 2,512,573. Other salaries and wages 7,561,914. 3,762,519. 7 8 Pension plan accruals and contributions (include 63,218 125,899. section 401(k) and 403(b) employer contributions) 567,778 378,661. 1,702,804 829,634, 660,488, 212,682. Other employee benefits 9 1,085,186 541,301. 365,732 178,153. 10 Payroll taxes Fees for services (nonemployees): 11 Management а 43,772. 6,132. 12,433. 25,207. b Legal 57,150, 57,150 С Accounting 47,683 47,683 Lobbying d 533,986. 533,986. Professional fundraising services. See Part IV, line 17 е 81,335. Investment management fees 81,335. f Other. (If line 11g amount exceeds 10% of line 25, g 4,080,511 418,514 531,978 3,130,019. column (A), amount, list line 11g expenses on Sch 0.) 555,725 144,397 103,195 308,133. Advertising and promotion 12 597,059 90,986 310,296. 998,341 13 Office expenses 1,382,820 1,068,640, -12,871 327,051. Information technology 14 Royalties 15 1,286,964 999,938. 189,571, 97,455. 16 Occupancy 244,013 89,730 130,915, 23,368. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 56,086 81,921 11,206. Conferences, conventions, and meetings 14,629. 19 227,059, 187,153, 22,989 16,917. 20 Interest Payments to affiliates 21 2,227,388 2,001,485, 83,337 142,566. 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) COST OF PURCH PROD DISB 27,049,039, 27,049,039. а PROCUREMENT 7,951,575 7,840,231 111,344. b DONATED PRODUCT WASTE 3,249,630, 3,249,505. 125. С VEHICLE EXPENSE 1,217,216 1,209,476 7,740 d 77,729 64,403 1,467. 11,859 All other expenses е 227,608,481 211,552,769 7,987,265 8,068,447. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

132010 12-09-21

Check here

10440721 310044 62903.0

educational campaign and fundraising solicitation.

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

11 2021.06000 SECOND HARVEST HEARTLAND 62903.01

Form 990 (2021)

		Check if Schedule O contains a response or n	ote to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	8,295,458.	2	5,427,64		
	3	Pledges and grants receivable, net			2,060,540.	3	2,532,12
	4	Accounts receivable, net			711,391.	4	2,387,42
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese perso	าร		5	
	6	Loans and other receivables from other disqua	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
0	7	Notes and loans receivable, net		r		7	
Assels	8	Inventories for sale or use			9,231,516.	8	7,162,82
8	9				594,948.	9	536,55
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D		47,442,609.			
	b	Less: accumulated depreciation		10,523,568.	38,244,500.	10c	36,919,04
	11	Investments - publicly traded securities			56,533,823.	11	45,666,80
	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	107,210.	15	19,43		
	16	Total assets. Add lines 1 through 15 (must ec			115,779,386.	16	100,651,86
	17	Accounts payable and accrued expenses			3,432,383.	17	5,080,62
	18	Grants payable		18	· · · ·		
	19	Deferred revenue	72,100.	19	13,85		
	20	Tax-exempt bond liabilities		20	· · · ·		
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				22	
	23	Secured mortgages and notes payable to unre			8,266,000.	23	3,938,28
	24	Unsecured notes and loans payable to unrelat			. ,	24	. ,
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin					
		of Schedule D			2,115,475.	25	1,566,84
	26	Tabline Addition 47 through 05			13,885,958.	26	10,599,60
		Organizations that follow FASB ASC 958, cl			, ,		, ,
S		and complete lines 27, 28, 32, and 33.					
	27				97,692,297.	27	87,258,33
	28	Net assets with donor restrictions		r	4,201,131.	28	2,793,92
	20	Organizations that do not follow FASB ASC			, ,		, ,
Net Assets of Fund balances		and complete lines 29 through 33.	200, 01100				
5	29	Capital stock or trust principal, or current fund	s			29	
els l	30	Paid-in or capital surplus, or land, building, or				30	
200	31	Retained earnings, endowment, accumulated				31	
21	32	Total net assets or fund balances			101,893,428.	32	90,052,25
ופ							

Form **990** (2021)

132011 12-09-21

Form	990 (2021) SECOND HARVEST HEARTLAND	23-741765	4	Pa	_{qe} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	225,	815,	554.
2	Total expenses (must equal Part IX, column (A), line 25)	2	227,	608,	481.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	792,	927.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	101,	893,	428.
5	Net unrealized gains (losses) on investments	5	-10,	048,	248.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	90,	052,	253.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Э.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			77	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,		x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	A	
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	ie Audit	2	x	1
Ŀ	Act and OMB Circular A-133?		3a	Δ	
O	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, organization did not undergo the required audit or audits.		Зb	х	1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	<u> </u>

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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	
2021	

Open to Public

۱.		Inspection
	Employer	identification number

Name of the organization

Nam	011	SECOND	HARVEST HEARTL	AND					23-7417654	
Par	τI	Reason for Public (omplete th	nis part.) S	ee instructions			
		zation is not a private found								
1		A church, convention of ch		-	•		I)(A)(i).			
2		A school described in secti								
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).			
4		A medical research organization						(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7	Х	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of t	the college	or	
		university:								
10		An organization that norma	•					-	•	
		activities related to its exem							-	
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Cor				/				
11		An organization organized a	-	•	•					
12		An organization organized a	-	-	-			•		
		more publicly supported org	-						Direck the box on	
~		lines 12a through 12d that Type I. A supporting orga						-	aivina	
а		the supported organization	-	-	• • •	-				
		organization. You must c			inajonty o				pporting	
b		Type II. A supporting org			tion with its	s sunnorte	ed organization	n(s) by hay	vina	
~		control or management o	-				-		•	
		organization(s). You mus						,		
с] Type III functionally inte	-		in connect	ion with, a	and functionall	y integrate	ed with,	
		its supported organization								
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its support	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	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 determination from	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.				
f		r the number of supported o	•							
g		vide the following information Name of supported	about the supporte (ii) EIN		(iv) is the orga	inization listed	(u) Amount of	monoton	(vi) Amount of other	
	(i	organization		(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in:	-	(vi) Amount of other support (see instructions)	
				above (see instructions))	Yes	No		,		
Tota										

SECOND HARVEST HEARTLAND

23 - 7417654

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	141 786 547.	150 210 034.	224 685 988.	212,507,202.	206 415 837.	935 605 608.
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	141,786,547.	150,210,034.	224,685,988.	212,507,202.	206,415,837.	935,605,608.
	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.						935,605,608.
Sec	ction B. Total Support	•			•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	141,786,547.	150,210,034.	224,685,988.	212,507,202.	206,415,837.	935,605,608.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	60,423.	64,842.	195,719.	67,315.	52,702.	441,001.
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.)	160,762.	80,434.	235,327.	131,574.	110,505.	
11	Total support. Add lines 7 through 10						936,765,211.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	58,766,035.
13	First 5 years. If the Form 990 is for the	•		•		.,.,	
-	organization, check this box and stop		-				
	ction C. Computation of Publi						00.00
	Public support percentage for 2021 (I					14	99.88 %
	Public support percentage from 2020					15	99.87 %
16a	33 1/3% support test - 2021. If the o	-					
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the c						
47.	and stop here. The organization qual				10 10 10		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
h	meets the facts-and-circumstances te	-		• • • •	-	Za and line 1E is	
D	10% -facts-and-circumstances test	•					
	more, and if the organization meets the				• •		
19	organization meets the facts-and-circu Private foundation. If the organization		•				
10	Trivate roundation. In the organizatio	A GIU HOL CHECK A		a, 100, 17a, 01 17k	, oneon this box a		Form 990) 2021
						Concurre A	

132022 01-04-22

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

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

Sec	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (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						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
9	Amounts from line 6						
10 <i>a</i>	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						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgai	nization,
-	check this box and stop here						
	ction C. Computation of Publi					<u> </u>	
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20	-		line 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the	-					ine 17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2020. If the	•			•		·
<u></u>	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	inis box and see ins		
13202	23 01-04-22		16	5		Sched	dule A (Form 990) 2021

2021.06000 SECOND HARVEST HEARTLAND 62903.01

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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132024 01-04-21

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Schedule A (Form 990) 2021

Part IV	Supporting Org	anizations /	(apptinued)
Schedule A	(Form 990) 2021	SECOND	HARVEST

Yes

1

2

No

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

Section B. Type I Supporting Organizations

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

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

ation(s) organ 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 ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>,ai</i> (<i>eeeeaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaa<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaiea<i>ieaieaieaiea<i>ieaieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaiea<i>ieaieaieaieaieaieaieaiea<i>ieaiea<i>ieaieaieaieaieaiea<i>iaaieaiea<i>iaaiaaiaaiaaiaa<i>iaaiaaiaa<i>iaaiaaiaa<i>iaaaaaa<i>aaaaaaa</i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i>

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

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

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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. 132025 01-04-22

2a 2b 3a 3b

Yes No

Schedule A (Form 990) 2021

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Chedule A (Form 990) 2021 SECOND HARVEST HEARTLAND Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organia	zations	23-7417654 Pa
1 Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mu			
ection 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		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(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		
ection 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		

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Sche	dule A (Form 990) 2021 SECOND HARVEST HEARS				23-7417654 Pa	age 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)		
Sect	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		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	s of supported organizations	5	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 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-2021	ıs	(iii) Distributable Amount for 2021	1
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME
2017 AMOUNT: \$ 97,016.
2018 AMOUNT: \$ 5,327.
2019 AMOUNT: \$ 150,648.
2020 AMOUNT: \$ 52,691.
2021 AMOUNT: \$ 31,709.
PALLET SALES
2017 AMOUNT: \$ 63,746.
2018 AMOUNT: \$ 75,107.
2019 AMOUNT: \$ 84,679.
2020 AMOUNT: \$ 78,883.
2021 AMOUNT: \$ 78,796.

132028 01-04-22

	For Orga	anizations Exempt From Income	Tax Under Section 5	01(c) and section 527	
Department of the Treasury	-	if the organization is described I			open to r ubite
Internal Revenue Service		Go to www.irs.gov/Form990 for i	nstructions and the la	atest information.	Inspection
-	-	Form 990, Part IV, line 3, or For		e 46 (Political Campaign	Activities), then
		plete Parts I-A and B. Do not com			
		01(c)(3)) organizations: Complete P	arts I-A and C below. [Do not complete Part I-B.	
 Section 527 organiza 	-	-			
		Form 990, Part IV, line 4, or For			
		nave filed Form 5768 (election und		-	-
		nave NOT filed Form 5768 (election			
If the organization ansv Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	istructions) or Form 990-	EZ, Part V, line 35c (Proxy
<i>,</i> , ,		ions: Complete Part III.			
Name of organization	, or (o) organizat	ions. Complete Fait III.		Emp	loyer identification number
Name of organization	GECOND HADI	/EST HEARTLAND			23-7417654
Part I-A Comple		anization is exempt under	section 501(c) o	r is a section 527 or	
· · · · · · · · · · · · · · · · · · ·					<u>gan</u>
1 Drovido o doporintir	on of the organiz	ation's direct and indirect political	compaign activition in	Dort IV	
		ation's direct and indirect political ures			2
		gn activities			۶
3 Volunteer nours for	political campai	gn activities			
Part I-B Comple	ete if the ora	anization is exempt under	section 501(c)(3).	
-		incurred by the organization under		-	\$
		incurred by organization managers			
		n 4955 tax, did it file Form 4720 fo			
b If "Yes," describe in					
		anization is exempt under	section 501(c), e	except section 501(c	;)(3).
1 Enter the amount d	irectly expended	I by the filing organization for secti	on 527 exempt function	on activities	\$
		ization's funds contributed to othe			
exempt function ac			-		\$
		. Add lines 1 and 2. Enter here and			·
line 17b	•			▶ 9	4
		1120-POL for this year?			
		ployer identification number (EIN)			
made payments. Fo	or each organizat	tion listed, enter the amount paid f	rom the filing organiza	tion's funds. Also enter th	e amount of political
		omptly and directly delivered to a s			te segregated fund or a
political action com	mittee (PAC). If a	additional space is needed, provide	e information in Part IV	Ι.	
(a) Name)	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0

Political Campaign and Lobbying Activities

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

Schedule C (Form 990) 2021

OMB No. 1545-0047

2021

132041 11-03-21

SCHEDULE C

(Form 990)

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	SECOND HARVEST				417654 Page 2
Part II-A Complete if the orga section 501(h)).	anization is ex	empt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	ion belongs to an	affiliated group (and list in	Part IV each affiliated	aroup member's name	address FIN
expenses, and share	-				, uduroso, Ent,
		and "limited control" pro	visions apply		
Limit	s on Lobbying Ex	penditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	itures" means an	nounts paid or incurred.)		totals	
1a Total lobbying expenditures to influ	ence public opinic	n (grassroots lobbying)		4,195.	
b Total lobbying expenditures to influ	ence a legislative l	oody (direct lobbying)		52,530.	
c Total lobbying expenditures (add lin				56,725.	
d Other exempt purpose expenditure				211,496,044.	
e Total exempt purpose expenditures				211,552,769.	
f Lobbying nontaxable amount. Enter				1,000,000.	
If the amount on line 1e, column (a) or		lobbying nontaxable amo		, ,	
Not over \$500,000		of the amount on line 1e.			
Over \$500,000 but not over \$1,000		0,000 plus 15% of the exce	ess over \$500.000.		
Over \$1,000,000 but not over \$1,50		6,000 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0		,000 plus 5% of the exces			
Over \$17,000,000		00,000.	50 0V01 \$1,000,000.		
	φ1,0				
g Grassroots nontaxable amount (ent	er 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero	•			0.	
j If there is an amount other than zero				-	
reporting section 4911 tax for this y				Г	Yes No
		Averaging Period Under		L	
(Some organizations th	at made a sectio	n 501(h) election do not h parate instructions for lin	nave to complete all o	f the five columns be	low.
	Lobbying Ex	penditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,00	0. 1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	47,61	8. 53,201.	20,716.	9,142.	130,677.
d Grassroots nontaxable amount	250,00	0. 250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	4,21	0. 2,826.	6,259.	4,195.	17,490.

Schedule C (Form 990) 2021

132042 11-03-21

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	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	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?				
h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	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?				
Par	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?				
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 political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
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, li	nes 1 a	nd 2 (See	

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

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Employer identification number

Department of the Treasury Internal Revenue Service

	SECOND HARVEST HEARTLAND			23-7417654
Par			or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ie 6.		
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		•	
Par	t II Conservation Easements. Complete if the or	nanization answered "Yes" on Form 990 P	art IV line 7	, Teo No
1	Purpose(s) of conservation easements held by the organizati			
•	Preservation of land for public use (for example, recrea		historically	y important land area
	Protection of natural habitat	Preservation of a		
	Preservation of open space		a certineu n	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	faconserv	ation assement on the last
2	day of the tax year.			Held at the End of the Tax Year
-				
a ⊾				
D				
c	Number of conservation easements on a certified historic str			
a	Number of conservation easements included in (c) acquired a			
•	listed in the National Register		<u>2d</u>	<u> </u>
3	Number of conservation easements modified, transferred, re	eased, extinguished, or terminated by the c	organization	i during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements in			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation eas	ements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easemer	nts during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemer	nts that des	cribes the
De	organization's accounting for conservation easements.			Acceto
Par			ier Simila	ar Assels.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul			public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of pu	ıblic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial (gain, provid	le
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		►	\$
	Assets included in Form 990, Part X		🕨	\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021
	10-28-21			

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Sche		VEST HEARTLAND					23-741		P	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, o	r Other	[·] Simila	r Assets	conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	t make sig	gnificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change progra	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further t	he organizatio	on's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran						. Part IV.	_ line 9. or		
	reported an amount on Form 990, Par		0							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for contributior	ns or other ass	sets not i	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
	, i i i i i i i i i i i i i i i i i i i	I I	5					Amour	t	
с	Beginning balance					1c				
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					- ,				Ī
	t V Endowment Funds. Complete i					0.				
	· · · · · · · · · · · · · · · · · · ·	(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Fou	r years	back
1a	Beginning of year balance	22,197,246.								
b	Contributions	1,000,000.	21,865,441	•						
с	Net investment earnings, gains, and losses	-4,214,630.	331,805	•						
d	Grants or scholarships		•							
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance	18,982,616.	22,197,246							
2	Provide the estimated percentage of the curr	, , ,	· · · · · · · · · · · · · · · · · · ·							
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_/*							
		/0 %								
•	The percentages on lines 2a, 2b, and 2c sho	, -								
3a	Are there endowment funds not in the posse		ion that are held a	and administer	red for th	e organiza	ation			
ou	by:	solon of the organizat				e organiza			Yes	No
	(i) Unrelated organizations							3a(i)		x
	(ii) Related organizations							3a(ii)		x
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									L
Par	t VI Land, Buildings, and Equipm	2								
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a.	See Form 990), Part X, I	line 10.				
	Description of property	(a) Cost or ot	her (b) Cos	st or other	(c) A	ccumulate	ed	(d) Boo	k valu	e
		basis (investm	• • •	s (other)		preciation		()		
1 a	Land		:	2,470,000.				2	,470,	000.
	Buildings		3:	3,091,410.		2,426,	882.	30	,664,	528.
	Leasehold improvements									
	Equipment			5,542,462.		3,577,	857.	1	,964,	605.
	Other			5,338,737.		4,518,			, ,819,	
	. Add lines 1a through 1e. (Column (d) must e									041.
		quar onn 330, i dil A					Sebedule			

Schedule D (Form 990) 2021

Part V	II Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Desc	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	ncial derivatives			
	ely held equity interests			
(3) Othe	r			
(A)				
<u>(B)</u>				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	I. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
	III Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	I. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part I)				
	Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (0)	olumn (b) must equal Form 990, Part X, col. (B) line	15)		
Part X	Other Liabilities.	15.)		
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25.	
1.	(a) Description of liability	, , ,	, , ,	(b) Book value
	ederal income taxes			
	ISCAL AGENT PAYABLE			82,835.
	APITAL LEASE, CURRENT PORTION			429,878.
	APITAL LEASES, NET OF CURRENT			1,054,133.
(5)	·			· ·
(6)				
(7)				
(8)				
(9)				
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line	25.)		1,566,846.

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

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 SECOND HARVEST HEARTLAND				117654 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With I	Revenue per Re	turn.	
	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	216,906,706.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-10,048,248.		
b	Donated services and use of facilities	2b	1,139,400.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-8,908,848.
3	Subtract line 2e from line 1			3	225,815,554.
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			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	<u></u>		5	225,815,554.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	228,747,880.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,139,400.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,139,400.
3	Subtract line 2e from line 1			3	227,608,480.
4	Amounts included on Form 990, Part IX, line 25, 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	1.		
с	Add lines 4a and 4b			4c	1.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	227,608,481.
Pa	t XIII Supplemental Information.				
Prov	de 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 addi	tional inforn	nation.		

PART V, LINE 4:

DURING 2021, SECOND HARVEST HEARTLAND ESTABLISHED A BOARD-DESIGNATED

ENDOWMENT FUND. THE PURPOSE OF THIS ENDOWMENT IS TO FIGHT HUNGER NOW AND

LAY THE GROUNDWORK FOR A STRONGER MINNESOTA THAT'S READY FOR NEW

CHALLENGES. THE FUNDS WILL HELP FEED THE COMMUNITY, STRENGTHEN FOOD

SHELVES AND OTHER HUNGER-RELIEF AGENCIES AND ADDRESS THE RACIAL HUNGER

DIVIDE. EACH YEAR THE BOARD CAN AUTHORIZE UP TO 5% OF THE MARKET VALUE OF

THE ENDOWMENT FOR ANY PURPOSE CONSISTENT WITH THE PURPOSE OF THE

ENDOWMENT.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT, AS A PUBLIC CHARITY, FROM FEDERAL AND STATE

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Schedule D (Form 990) 2021

Schedule D	(Form 990)) 2021
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Part XIII Supplemental Information (continued)
INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND
APPLICABLE STATE STATUTES. THE ORGANIZATION HAS EVALUATED ITS TAX
POSITIONS FOR UNCERTAINTY AND HAS NO UNRECOGNIZED TAX MATTERS THAT ARE
REQUIRED TO BE DISCLOSED.
PART XII, LINE 4B
ROUNDING \$1
Schedule D (Form 990) 202 ⁻

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				[.] 19,	or if the	2021
Department of the Treasury Internal Revenue Service		► Attach to Form 990 to www.irs.gov/Form990 for instr				n		Open to Public Inspection
Name of the organization			uction	s anu	the latest mornation	<i>.</i>	Emplover id	entification number
Ũ		VEST HEARTLAND					23-74176	
	complete this par	Complete if the organization answe	ered "Y	'es" oi	n Form 990, Part IV, li	ne 1	7. Form 990-E	Z filers are not
 a X Mail solicitation b X Internet and c X Phone solicitation d X In-person solicitation 2 a Did the organization key employees list 	tions email solicitations tations dicitations on have a written of red in Form 990, P highest paid indiv	f X Solicita g X Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra (incluc professi	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trust undraising services?		X Ye	
(i) Name and addres or entity (fund		(ii) Activity	fùnd have c or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
ONE & ALL - 2 NORT	H LAKE AVE,		Yes	No				
STE 700, PASADENA,	CA 91101	DIRECT MAIL ACQUISITION		Х	5,533,310.		356,201	. 5,177,109.
GATEWAY FUNDRAISIN	G – 2350							
WHITEMAN RD, #F, C	ONCORD, CA	TELEMARKETING		X	525,230.		115,928	. 409,302.
CANOPY RESOURCES -	3901 EAST	PLANNED GIVING						
PARIS SE, GRAND RA	PIDS, MI	MARKETING/CONSULTING		x	0.		61,857	. 0.
	ich the organizatic	n is registered or licensed to solicit	contrib	L utions	6,058,540. or has been notified	it is e	533,986 exempt from r	
		ד ער עע אוב אה אז איז איז איז	AO 1117	NU N	T NM NV			
AL, AK, AR, CA, CO, CT, NC, ND, OH, OK, OR, PA,		L,KS,KY,ME,MD,MA,MI,MN,MS,N a wa wu wi	ч О , NV	, IN II , N	ט, ואוזי, ואז			
MC, MD, OR, OK, OK, PA,	VT'2C'IN'OL'A							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DISH	KICK HUNGER	5	(add col. (a) through
,		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	586,100.	463,743.	132,994.	1,182,837.
2	Less: Contributions	578,600.	463,743.	132,994.	1,175,337
3	Gross income (line 1 minus line 2)	7,500.			7,500
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	9,025.			9,025
6 7	Food and beverages	48,889.			48,889
5 8	Entertainment	10,663.			10,663.
9	Other direct expenses	103,008.	6,610.	1,255.	110,873
10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	179,450.
11	Net income summary. Subtract line 10 from I	ine 3, column (d)		►	-171,950

\$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Rev	1	Gross revenue								
Se	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
irect E	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes %	Yes %	Yes %					
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
	 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 									
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:									

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Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	SECOND HARVEST HEARTLAND	23-	7417654	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
		ficiary or trustee of a trust, or a member of a partne			
	to administer charitable gaming?			Yes	🗌 No
13	Indicate the percentage of gamin	activity conducted in:			
				13a	%
				13b	%
14	Enter the name and address of th	e person who prepares the organization's gaming/sp	pecial events books and records:		
	Name 🕨				
	Address 🕨				
15a	Does the organization have a cor	ract with a third party from whom the organization r	eceives gaming revenue?	🗌 Yes	No No
b	If "Yes," enter the amount of gam	ng revenue received by the organization \blacktriangleright \$	and the amount		
		e third party ▶\$			
c	If "Yes," enter name and address	of the third party:			
	Name 🕨				
	Address				
40					
10	Gaming manager information:				
	Name				
	Gaming manager compensation	► \$			
	Description of services provided	·			
	Director/officer	Employee Independent cont	ractor		
17	Mandatory distributions:				
	•	state law to make charitable distributions from the	paming proceeds to		
	retain the state gaming license?			Yes	🗌 No
b	•••	required under state law to be distributed to other e			
	organization's own exempt activit				
Pa	rt IV Supplemental Infor	mation. Provide the explanations required by Part	: I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information.	See instructions.		
13208	33 10-21-21		Sched	lule G (Form	n 990) 2021
		32		-	-

Part IV S	Supplemental Information (contin	ued)
		Schedule G (Form 990)

SCHEDULE I (Form 990)	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.								
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection	
Name of the organization	on SECOND HARVES	F HEARTLAND						Employer identification number 23-7417654	
Part I General In	formation on Grants a	nd Assistance							
criteria used to a	ation maintain records t ward the grants or assis	tance?							
	IV the organization's pro d Other Assistance to I					opization anoward "	(aall on Form 000, Bort	IV line 01 for one	
	nat received more than \$	-				anization answered f	es on Form 990, Pan	TV, III e 2 T, TOF any	
.,	dress of organization rernment	(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	
COMPLETE LIST AVA REQUEST	ILABLE UPON			640,000.	0.			AGENCY CAPACITY	
COMPLETE LIST AVA REQUEST	ILABLE UPON			0.	221,488.	FMV	equipment	AGENCY CAPACITY	
COMPLETE LIST AVA REQUEST	ILABLE UPON			0.	149567201	FMV	MEALS	FOOD DISTRIBUTION	
COMPLETE LIST AVA REQUEST	ILABLE UPON			15,000.	0.			WELLNESS PARTNER GRANTS	
COMPLETE LIST AVA REQUEST	ILABLE UPON			941,219.	0.			DISTRIBUTION GRANTS	
COMPLETE LIST AVA REQUEST				814,430.	0.			COLLABORATION GRANTS	
	er of section 501(c)(3) ar	с с		e line 1 table				311.	
	er of other organizations Reduction Act Notice,							Schedule I (Form 990) 2021	

Schedule I (Form 990) 2021

Page 2

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

(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
MEALS DISTRIBUTED TO INDIVIDUALS	8473	0.	164,705.	FMV	INDIVIDUAL MEALS
FEDERAL COMMODITIES	8473	0.	4,948,244.	FMV	VARIOUS FOOD ITEMS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS ARE REVIEWED MONTHLY BY THE FINANCE DEPARTMENT. CASH DISBURSEMENTS

ARE COMPARED TO GRANT APPLICATIONS AND DONOR CORRESPONDENCE TO ENSURE

COMPLIANCE. REGULAR SITE MONITORING, WHICH INCLUDES SITE VISITS, IS

PERFORMED AS PART OF SHH'S OVERALL COMPLIANCE EFFORTS.

SCHEDULE J Compensation		Compe	ensation Information	1	OMB No. 1	545-004	47		
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			2021					
		2021							
Depa	tment of the Treasury		ion answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.	Open to Public					
	al Revenue Service		m990 for instructions and the latest information.	Energlasser isl	Inspection mployer identification number				
Narr	e of the organization			23-74		on nui	nber		
Da	rt I Question	SECOND HARVEST HEARTLAN s Regarding Compensation		23-74	1/054				
14		s negarating compensation				Vaa	Ne		
1a	Check the appropri	ate box(es) if the organization provided	any of the following to or for a person listed on Form	990		Yes	No		
Id			y relevant information regarding these items.	990,					
	First-class or c		Housing allowance or residence for person	معبياهم					
	Travel for com		Payments for business use of personal res						
		ation and gross-up payments	Health or social club dues or initiation fee						
		spending account	Personal services (such as maid, chauffeu						
	,			, ,					
b	If any of the boxes	on line 1a are checked, did the organiza	ation follow a written policy regarding payment or						
	•	· -	d above? If "No," complete Part III to explain		1b				
2			sing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Directo	or, regarding the items checked on line 1a?		2				
3	Indicate which, if an	ny, of the following the organization use	d to establish the compensation of the organization's						
	CEO/Executive Dire	ector. Check all that apply. Do not chec	k any boxes for methods used by a related organization	on to					
	establish compensa	ation of the CEO/Executive Director, bu	t explain in Part III.						
	Compensatior	i committee	Written employment contract						
		ompensation consultant	Compensation survey or study						
	X Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee					
4			II, Section A, line 1a, with respect to the filing						
	organization or a re	-					x		
a		e payment or change-of-control paymer					X		
b	•	eive payment from a supplemental non					X		
С		eive payment from an equity-based cor	npensation arrangement?		. 40				
	In res to any or m		e applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiza	ations must complete lines 5-9.						
5			i, did the organization pay or accrue any compensatio	'n					
	contingent on the r		,						
а	•				5a		x		
b	Any related organiz	ation?			5b		x		
		or 5b, describe in Part III.							
6	For persons listed of	on Form 990, Part VII, Section A, line 1a	n, did the organization pay or accrue any compensatio	'n					
	contingent on the n	et earnings of:							
а	The organization?				6a		x		
b	Any related organiz	ation?			6b		X		
		or 6b, describe in Part III.							
7			, did the organization provide any nonfixed payments						
			Ι		. 7		X		
8	Were any amounts	reported on Form 990, Part VII, paid or	accrued pursuant to a contract that was subject to the	ie					
					. 8		X		
9			ttable presumption procedure described in						
	Regulations section				9		L		
LHA	HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Fo								

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23-7417654

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ALLISON O'TOOLE		375,000.	125,000.	300.	25,882.	6,308.	532,490.	٥.	
CHIEF EXECUTIVE OFFICER		0.	0.	0.	0.	0.	0.	٥.	
(2) MEGAN MUSKE	(i)	203,656.	35,356.	300.	14,147.	0.	253,459.	٥.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) PATRICK J. BORAN	(i)	157,787.	22,000.	250.	10,264.	11,331.	201,632.	0.	
CHIEF FINANCIAL OFFICER (PART-YEAR)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ELIZABETH COOPER	(i)	161,058.	8,077.	0.	10,453.	16,625.	196,213.	0.	
CHIEF EXTERNAL RELATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) THIERRY M. IBRI	(i)	147,904.	20,167.	225.	9,838.	11,152.	189,286.	0.	
CHIEF OPER/PROG OFFICER (PART-YEAR)		0.	0.	0.	0.	0.	0.	0.	
(6) DAVID E. LASKEY	(i)	129,878.	3,750.	300.	7,084.	12,728.	153,740.	0.	
DIR ENT EFF & FACILITY MGM	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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.

2021 **Open to Public** . Inspection

Name of the organization

SECOND	HARVEST	HEARTLAND

Employer identification number
23-7417654

23-7417654
25 / 41 / 054

Pa	t I Types of Property							
I U		(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of de	termin	ina	
		applicable	contributions or	amounts reported on	noncash contribu		•	s
	-		items contributed	Form 990, Part VIII, line 1g				
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	Х	123	1,545,657.	AVERAGE COST			
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							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х		153,886,339.	WHOLESALE-WEIGHT	AVG		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()			<u> </u>				
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	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				1
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is che	ked			

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LHA

describe in Part II.

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021	SECOND	HARVEST	HEARTLAND
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Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

RAYMOND JAMES AND MORGAN STANLEY ARE USED AS STOCK BROKERS TO SELL

STOCK DONATIONS.

Part II

Schedule M (Form 990) 2021

23 - 7417654

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10440721 310044 62903.0

SCHEDULE O	Supplemental Information to Form 990 or 990)-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on		2021
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	1	Inspection
Name of the organization	N SECOND HARVEST HEARTLAND	1	identification number 417654
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
SECOND HARVEST HEA	RTLAND'S MISSION IS TO END HUNGER TOGETHER. IN		
PARTNERSHIP WITH 4	23 FOOD SHELVES AND NON-PROFIT PARTNERS AND MORE THAN		
1,100 HUNGER-RELIE	F PROGRAMS, WE SUPPORT THOSE IN OUR REGION FACING		
HUNGER.			
PART I, LINE 1 & P	ART III, LINE 1		
AT SECOND HARVEST	HEARTLAND, WE WORK TO END HUNGER TOGETHER. AS ONE OF		
THE LARGEST, MOST	EFFICIENT, AND MOST INNOVATIVE HUNGER-RELIEF		
ORGANIZATIONS IN T	HE NATION, WE LEVERAGE OUR UNIQUE POSITION IN THE		
EMERGENCY FOOD CHA	IN TO MAKE AN IMPACT. THROUGH PARTNERSHIPS, WE		
SUPPORT THOSE IN O	UR REGION FACING HUNGER TODAY.		
MORE THAN A FOOD B	ANK, WE'RE A LEADING PARTNER IN THE POLICIES AND		
PROGRAMS THAT WORK	TO END HUNGER, LIKE SNAP, SCHOOL MEALS AND SENIOR		
NUTRITION PROGRAMS	, AND WE'RE AN INNOVATOR IN THE AREAS WHERE FOOD CAN		
BE THE SOLUTION, L	IKE FOODRX AND MINNESOTA CENTRAL KITCHEN.		
IN FISCAL YEAR 202	2, OUR WORK PROVIDED MORE THAN 113 MILLION MEALS, AS		
1 IN 6 PEOPLE IN O	UR SERVICE AREA SOUGHT OUR ASSISTANCE. ALL OF OUR		
HUNGER-FIGHTING EF	FORTS STRIVE TO DECREASE THE RACIAL HUNGER DIVIDE,		
THE FACT THAT BLAC	K AND HISPANIC HOUSEHOLDS EXPERIENCED FOOD INSECURITY		
AT LEAST TWICE THE	RATE OF WHITE, NON-HISPANIC HOUSEHOLDS.		
WE REACHED THOSE E	XPERIENCING HUNGER THROUGH BOTH FOOD BANK OPERATIONS		
AND HUNGER-FIGHTIN			
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2021

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

AS A FOOD BANK, WE WORK WITH 423 FOOD SHELVES AND NON-PROFIT PARTNERS
AND MORE THAN 1,100 HUNGER-RELIEF PROGRAMS IN 41 COUNTIES IN MINNESOTA
AND 18 COUNTIES IN WESTERN WISCONSIN TO GET FOOD TO NEIGHBORS FACING
HUNGER. LAST YEAR WE PROVIDED, ON AVERAGE, 86% OF ALL FOOD DISTRIBUTED
BY FOOD SHELF PARTNERS TO THEIR NEIGHBORS. OF THE NEARLY 123 MILLION
POUNDS OF FOOD WE DISTRIBUTED LAST YEAR, MORE THAN 65.2% WAS FRESH FOOD
(PRODUCE, MEAT, DAIRY AND BAKERY ITEMS).
OUR AGENCY RELATIONS TEAM HELPED EASE PANDEMIC-ERA PRESSURES FOR OUR
PARTNERS BY MAKING \$1.8 MILLION IN GRANTS AVAILABLE TO HELP PARTNERS
ADJUST TO INCREASING NEEDS AND CHANGES IN HOW THE NETWORK OPERATES.
AMONG OTHER NEEDS, THESE GRANTS HELPED SUPPORT PARTNERS AS THEY
CONTINUE TO ADDRESS PANDEMIC-ERA AND INFLATIONARY PRESSURES, INCREASE
THEIR CAPACITY, AND PROVIDE SERVICES IN NEW WAYS TO SUPPORT NEIGHBORS.
OUR VOLUNTEER BASE IS CRITICAL TO OUR OPERATIONS. LAST YEAR, 9,348
UNIQUE VOLUNTEERS DONATED TIME TO SECOND HARVEST HEARTLAND FROM FOOD
SORTING AND PACKING TO CLIENT ASSISTANCE TO SKILL-BASED VOLUNTEER
PROJECTS AND MORE CONTRIBUTING 57,293 TOTAL HOURS. VOLUNTEERS DONATED
THE TIME EQUIVALENT TO 27 FULL-TIME EMPLOYEES, BASED ON THE AVERAGE
HOURS PER YEAR WORKED BY A FULL-TIME EMPLOYEE: 2,080.
MINNESOTA CENTRAL KITCHEN, OUR PREPARED MEALS INITIATIVE, PROVIDED
1,387,217 FULLY PREPARED MEALS AT LOCATIONS ACROSS THE REGION, IN
PARTNERSHIP WITH MORE THAN 75 COMMUNITY ORGANIZATIONS WHO DISTRIBUTED
THE MEALS WHERE THEY WERE NEEDED MOST. ON AVERAGE MORE THAN 60% OF THE
INGREDIENTS IN EACH MEAL WERE SOURCED BY SECOND HARVEST HEARTLAND. 19
132212 11-11-21 Schedule O (Form 990) 2021 42 2021 210044 62002 0 2021 2021 06000 GECOND HADVECH HEADWEADWEADWEADWEADWEADWEADWEADWEADWEADW
0440721 310044 62903.0 2021.06000 SECOND HARVEST HEARTLAND 62903.

Schedule O (Form 990) 2021 Name of the organization

10

SECOND HARVEST HEARTLAND

Employer identification number 23-7417654

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Schedule O (Form 990) 2021 Name of the organization	Employer identification number
SECOND HARVEST HEARTLAND	23-7417654
KITCHENS PARTICIPATED IN THE COLLABORATIVE, EMPLOYING AROUND 80 FOOD	
SERVICE WORKERS WEEKLY AND INVESTING \$6.5 MILLION IN LOCAL BUSINESSES.	
WE PROVIDED COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) FOOD BOXES TO	
MORE THAN 230 UNIQUE DISTRIBUTION SITES IN 41 MINNESOTA COUNTIES,	
SERVING APPROXIMATELY 5,300 SENIORS MONTHLY.	
FOODRX, OUR MEDICALLY TAILORED NUTRITION BOX PROGRAM, PROVIDED SERVICES	
TO SUPPORT A HEALTHY DIET AND IMPROVED HEALTH OF 10,394 INDIVIDUALS	
THROUGH FOUR SERVICE CATEGORIES: FOODRX CHRONIC DISEASE MANAGEMENT	
PROGRAM (1,060), FOODRX STABILITY BOXES (555), SNAP REFERRALS (6,080),	
COMMUNITY RESOURCES (2,699).	
OUR SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) OUTREACH	
SPECIALISTS PROCESSED OVER 18,600 NEW CLIENT REFERRALS AND ASSISTED	

THIS ADDED OVER 9.4 MILLION MEALS TO FAMILIES LAST YEAR.

OUR CHILD NUTRITION PROGRAMS PROVIDED OVER \$492,600 IN GRANTS TO 24

EDUCATION AND NONPROFIT PARTNERS TO HELP MEET INCREASED NEED AND

ADDRESS FOOD ACCESS CHALLENGES DUE TO COVID-19, INFLATION, AND OTHER

HARDSHIPS AFFECTING FAMILIES. THESE GRANTS SUPPORTED THE DELIVERY OF

4.4 MILLION MEALS TO MINNESOTA KIDS.

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

COMMUNITY OUTREACH: (CONTINUED FROM PART III) OUR CHILD NUTRITION

PROGRAMS PROVIDED OVER \$492,600 IN GRANTS TO 24 EDUCATION AND NONPROFIT

132212 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	
Name of the organization SECOND HARVEST HEARTLAND	Employer identification numbe 23-7417654
PARTNERS TO HELP MEET INCREASED NEED AND ADDRESS FOOD ACCESS CHALLENGES	
DUE TO COVID-19, INFLATION, AND OTHER ISSUES FACING MINNESOTA FAMILIES.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
COMMODITY SUPPLEMENTAL FOOD PROGRAM: THE COMMODITY SUPPLEMENTAL FOOD	
PROGRAM (CSFP) IS ONE OF THE FOUNDATIONAL SERVICES PROVIDED BY SECOND	
HARVEST HEARTLAND. THROUGH THIS PROGRAM, WE PROVIDE FREE FOOD FOR	
SENIORS, DISTRIBUTING 30-35 POUNDS OF NUTRITIONALLY BALANCED USDA FOOD	
TO INDIVIDUALS EACH MONTH. PROGRAM PARTICIPANTS ARE GIVEN A BOX OF	
HIGHLY NUTRITIOUS FOOD, WHICH MAY INCLUDE CANNED FRUITS, VEGETABLES AND	
JUICES, SHELF-STABLE MILK, AMERICAN CHEESE, CANNED MEAT, PEANUT BUTTER	
OR DRIED BEANS, AND CEREAL, RICE OR PASTA. IN FY22, WE PROVIDED CSFP	
FOOD BOXES TO MORE THAN 230 UNIQUE DISTRIBUTION SITES IN 41 MINNESOTA	
COUNTIES, SERVING APPROXIMTELY 5,300 SENIORS MONTHLY. THE LARGEST SITE	
IN OUR SERVICE AREA IS SECOND HARVEST HEARTLAND IN BROOKLYN PARK,	
DISTRIBUTING FOOD TO CLOSE TO 400 CLIENTS EACH MONTH	
EXPENSES \$ 5,789,234. INCLUDING GRANTS OF \$ 4,919,470. REVENUE \$ 0.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY OUR AUDITOR WITH SUPPORT FROM STAFF AT SECOND	
HARVEST HEARTLAND. THE FINANCE COMMITTEE OF THE BOARD REVIEWS AND APPROVES	
THE FORM 990 WHICH IS THEN PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
UPON HIRING, EMPLOYEES ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST	
POLICY. HUMAN RESOURCES RETAINS A SIGNED COPY FROM EACH EMPLOYEE STATING	

THEY UNDERSTOOD AND ACCEPTED THE TERMS OF THE POLICY. MEMBERS OF THE BOARD

ARE REQUIRED TO PROVIDE A SIGNED AGREEMENT ANNUALLY.

132212 11-11-21

Schedule O (Form 990) 2021

Name of the organization

SECOND HARVEST HEARTLAND

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

SHH PERIODICALLY USES EXTERNAL SURVEYS TO EVALUATE ALL EMPLOYEES'

COMPENSATION. SHH ALSO USES OTHER COMPENSATION SOURCES AS WELL AS

CONSIDERING THE COST-OF-LIVING ADJUSTMENT PER THE FEDERAL SOCIAL SECURITY

ADMINISTRATION GUIDELINES, THE CONSUMER PRICE INDEX, AND WAGE AND SALARY

TREND REPORTS TO DETERMINE AN APPROPRIATE AVERAGE ANNUAL PERCENTAGE. AN

AVERAGE INCREASE BASED ON SECOND HARVEST HEARTLAND'S FINANCIALS IS APPROVED

FOR BUDGETING PURPOSES. EMPLOYEES ARE GIVEN A PERFORMANCE APPRAISAL AND A

RECOMMENDATION OF AN INCREASE (IF MERITED) IS MADE TO THE EXECUTIVE TEAM.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT

VA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF ALL INFORMATION ARE AVAILABLE UPON REQUEST. FORM 990 IS MADE

AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

132212 11-11-21