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.

OMB NO. 1545-0047
2022
Open to Public Inspection
mapecuon

A I	or the	e 2022 calendar year, or tax year beginning OCT	1, 2022 and	ending S	EP 30, 2023			
	Check if applicable	C Name of organization			D Employer ide	ntific	ation number	
	Addre							
	Name chang	e Doing business as			23-74176	554		
	Initial return Final return	Number and street (or P.O. box if mail is not delive 7101 WINNETKA AVE N	Room/suite	E Telephone number (651) 484-5117				
	termin ated	City or town, state or province, country, and ZIF	or foreign postal code		G Gross receipts \$		275,484,713.	
	Ameno return	, , , , , , , , , , , , , , , , , , , ,	or foreign postar code		H(a) Is this a grou	ın ret		
F	Applic		O'TOOLE		for subordin	-		
	pendir	7101 WINNETKA AVE N, BROOKLYN PARK, N			H(b) Are all subordina			
<u> </u>	Гах-ех	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1 ` ′		ist. See instructions	
	Nebsit		(,,,,,,,		H(c) Group exem			
			ciation Other	L Year	of formation: 1976	<del>'</del>	State of legal domicile: MN	
	art I	Summary						
	1	Briefly describe the organization's mission or most sig	nificant activities: SEE PAI	RT III, I	INE 1			
Governance		, ,						
na.	2	Check this box if the organization disconting	ued its operations or dispos	ed of more	than 25% of its net	t asse	ets.	
Ve	3	Number of voting members of the governing body (Pa	rt VI, line 1a)			3	24	
	4	Number of independent voting members of the govern				4	24	
ø Ø		Total number of individuals employed in calendar year				5	316	
iţi		Total number of volunteers (estimate if necessary)				6	16009	
Activities &		Total unrelated business revenue from Part VIII, colum				7a	0,	
⋖		Net unrelated business taxable income from Form 990				7b	0,	
					Prior Year		Current Year	
4	8	Contributions and grants (Part VIII, line 1h)			206,415,83	37.	235,636,922.	
Revenue	9	Program service revenue (Part VIII, line 2g)		17,807,075.		23,691,735.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, ar		1,654,08	37.	1,344,360.		
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			-61,44	45.	-213,520.	
	1	Total revenue - add lines 8 through 11 (must equal Pa			225,815,5	54.	260,459,497.	
		Grants and similar amounts paid (Part IX, column (A),			157,312,28	37.	176,067,842.	
	1	Benefits paid to or for members (Part IX, column (A), li				0.	0.	
ø	45	Salaries, other compensation, employee benefits (Par			18,902,33	37.	22,447,766.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line			533,98	36.	578,511.	
per	b	Total fundraising expenses (Part IX, column (D), line 2						
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11			50,859,8	71.	55,576,194.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, o			227,608,48	31.	254,670,313.	
	19	Revenue less expenses. Subtract line 18 from line 12			-1,792,92	27.	5,789,184.	
Net Assets or				Ве	ginning of Current Ye	ear	End of Year	
sets	20	Total assets (Part X, line 16)			100,651,86	51.	108,099,013.	
ASS	21	Total liabilities (Part X, line 26)			10,599,60	08.	9,724,882.	
Feet	22	Net assets or fund balances. Subtract line 21 from line	e 20		90,052,2	53.	98,374,131.	
Pa	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return, inc	luding accompanying schedules	and stateme	ents, and to the best o	f my	knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer) i	s based on all information of wh	ich preparer	has any knowledge.			
Sig		Signature of officer			Date			
Her	e	ALLISON O'TOOLE, CEO			05/0	04/20	024	
		Type or print name and title						
		Print/Type preparer's name Pr	eparer's signature	] [	Date Chec	k	PTIN	
Paid	i	WENDY HARDEN, CPA WE	NDY HARDEN, CPA	0	3/19/24 self-6	mploye		
Prep	oarer	Firm's name SDK CPA			Firm's EIN	4	1-1680240	
Use	Only	Firm's address 100 WASHINGTON AVE S STE 160	00					
		MINNEAPOLIS, MN 55401			Phone no.	612-	332-5500	
May	/ the IF	RS discuss this return with the preparer shown above?	See instructions				X Yes No	

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SECOND HARVEST HEARTLAND'S MISSION IS TO END HUNGER TOGETHER. IN	
	PARTNERSHIP, WE PROVIDE 78% OF THE FOOD DISTRIBUTED BY MORE THAN 1,000	
	FOOD SHELVES AND PARTNER PROGRAMS IN MINNESOTA AND WESTERN WISCONSIN.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$212,404,432. including grants of \$167,984,780. ) (Revenue \$	23,691,735.
	FOOD BANK: LAST YEAR, WE DISTRIBUTED NEARLY 141 MILLION POUNDS OF FOOD.	
	AS A FOOD BANK, WE WORK WITH 1,000 PARTNER PROGRAMS IN 41 COUNTIES IN	
	MINNESOTA AND 18 COUNTIES IN WESTERN WISCONSIN TO GET FOOD TO NEIGHBORS	
	FACING HUNGER. WE PROVIDED, ON AVERAGE, 78% OF ALL FOOD DISTRIBUTED BY	
	OUR PARTNERS.	
4b	(Code:) (Expenses \$	)
	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. KITCHEN	
	COALITION, OUR PREPARED MEALS INITIATIVE, PROVIDED 1,212,165 FULLY	
	PREPARED MEALS ACROSS THE REGION, IN PARTNERSHIP WITH MORE THAN 100	
	COMMUNITY ORGANIZATIONS. FOODRX, OUR MEDICALLY TAILORED NUTRITION BOX	
	PROGRAM, PROVIDED SERVICES TO SUPPORT A HEALTHY DIET AND IMPROVED	
	HEALTH OF 14,495 INDIVIDUALS. OUR SNAP (SUPPLEMENTAL NUTRITION	
	ASSISTANCE PROGRAM) OUTREACH SPECIALISTS PROCESSED OVER 15,700 NEW	
	CLIENT REFERRALS AND ASSISTED OVER 8,750 HOUSEHOLDS WITH SNAP	
	APPLICATIONS AND RE-CERTIFICATIONS.	
	(CONTINUED ON SCHEDULE O)	
4c	(Code:) (Expenses \$9,572,605. including grants of \$) (Revenue \$	)
	FOOD SOURCING: OF THE MORE THAN 141 MILLION POUNDS OF FOOD WE	
	DISTRIBUTED LAST YEAR, MORE THAN 63% WAS FRESH FOOD (PRODUCE (39.8%),	
	MEAT, DAIRY AND BAKERY ITEMS). WE WORK TO SOURCE LOCALLY WHENEVER	
	POSSIBLE. LAST YEAR, WE SOURCED 11.8 MILLION POUNDS OF PRODUCE FROM	
	LOCAL FARMERS, ALONG WITH 6.3 MILLION POUNDS OF DAIRY, INCLUDING	
	673,000 GALLONS OF MILK, AND 3.2 MILLION POUNDS OF MEAT AND EGGS FROM	
	MINNESOTA DONORS. ONE OF OUR LARGEST SOURCES OF FOOD COMES FROM OUR	
	RETAIL FOOD RESCUE PROGRAM, WHICH SOURCED 41.4 MILLION POUNDS OF	
	DONATED FOOD FROM 628 STORE PARTNERS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 5,533,003. including grants of \$ 4,890,242.) (Revenue \$	)
4e	Total program service expenses 236,837,126.	•
	·	Form <b>990</b> (2022)

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### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	┝╌		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6		<del>"</del>		<del></del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	11a	Х	
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		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<del></del>
f		116		<u> </u>
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444	х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	21	<del>                                     </del>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a		$\vdash$
р	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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
		_		_

232003 12-13-22

# Form 990 (2022) SECOND HARVEST HEARTLAND Part IV Checklist of Required Schedules (continued)

	· (continued)		V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	,	23	х	
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
Z-Tu	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
<b>2</b> 00	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   If "Yes." complete			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	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		х
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		х
35 a	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		х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	ı 🗆		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	5		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	10	х	

232004 12-13-22

Form	990 (2022) SECOND HARVEST HEARTLAND	23-74176	54	Р	age 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	<b>2a</b> 316							
b									
	· · · · · · · · · · · · · · · · · · ·								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b						
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	• •	١.		x				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a						
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 Ad	counts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х					
			7b	Х					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa								
_	to file Form 8282?	•	7c		x				
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х				
'									
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
_			8						
9	Sponsoring organizations maintaining donor advised funds.								
а			9a		_				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	1							
	Initiation fees and capital contributions included on Part VIII, line 12	10a	4						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4						
11	Section 501(c)(12) organizations. Enter:	1							
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
	Did the second in the second of the description of the second of the sec	100	14a		х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b						
~	155, 1.25 explanation on Schedul		<del></del>	+	_				

Form **990** (2022)

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Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

excess parachute payment(s) during the year?

If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 2.4 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 24 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 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 (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MICHAEL HOBAN - (651) 484-5117

Form **990** (2022)

62903.01

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7101 WINNETKA AVE N, BROOKLYN PARK, MN

Form 990 (2022) SECOND HARVEST HEARTLAND 23-7417654 Page **7** 

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per	box	not c	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	-	cer ar	id a di	irecto	r/trus	tee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or 0	stee			nsatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALLISON O'TOOLE	line) 40.00	P E	lus	#0	(e)	iĘ e	For			
CHIEF EXECUTIVE OFFICER	40.00	1		х				684,400.	0.	36,697.
(2) MICHAEL HOBAN	40.00							001,100.	<u> </u>	30,037.
CHIEF FINANCIAL OFFICER	10.00	1		x				362,761.	0.	33,280.
(3) SARAH MOBERG	40.00									7 - 7 - 7
CHIEF OPERATIONS OFFICER				х				344,657.	0.	26,976.
(4) MEGAN MUSKE	40.00							·		,
CHIEF DEVELOPMENT OFFICER				х				330,548.	0.	17,235.
(5) ELIZABETH COOPER	40.00									
CHIEF EXTERNAL RELATIONS OFFICER				Х				284,366.	0.	29,567.
(6) SARAH WAITE	40.00									
CHIEF PEOPLE OFFICER				Х				224,342.	0.	18,228.
(7) DAVID E. LASKEY	40.00	]								
DIR ENTERPRISE EFF/FACILITY MGMT						Х		147,451.	0.	22,645.
(8) JULIE VANHOVE	40.00	1								
DIR SOURCING/DEMAND PLANNING						Х		143,575.	0.	23,073.
(9) ROBIN MANTHIE	40.00	1								
DIR KITCHEN COALITION						Х		144,325.	0.	14,689.
(10) DANIEL J. FUHRMAN	40.00	1								
CONTROLLER		<u> </u>				Х		141,395.	0.	15,270.
(11) BARBARA HENTGES	40.00	4							_	
SR DIRECTOR OF DEVELOPMENT	1					Х		139,937.	0.	9,117.
(12) BEN CAMPBELL	1.00	l								
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) BILL KOSCHAK	1.00	<b>∤</b>							_	
TREASURER	1 00	Х		Х				0.	0.	0.
(14) CAM HOANG	1.00	-						0.	,	_
BOARD MEMBER (15) CHRIS FINCH	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	_
(16) COLLEEN MAY	1.00	^						0.	0.	0.
IMMEDIATE PAST CHAIR	1.00	х		х				0.	0.	0.
(17) DAVID CROSBY	1.00		$\vdash$	<u> </u>	$\vdash$		$\vdash$		· · ·	
SECRETARY	1.00	x		x				0.	0.	0.
	1	1			l	<u> </u>		· · ·		- OOO (2222)

232007 12-13-22 Form **990** (2022)

101111000 (2022)	EST HEARTLAN	ע							23-741765	4 Page 8
Part VII   Section A. Officers, Directors, Tre	ustees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c	Position check more than one ess person is both an nd a director/trustee)			n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) DAVID A. FIOCCO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(19) DR. DAVID TILSTRA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(20) IBRAHIMA DIOP	1.00									
BOARD MEMBER		Х						0.	0.	0.
(21) JASON DERUSHA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) JILL HUTCHINSON BOLLETTIERI BOARD MEMBER	1.00	х						0.	0.	0.
(23) JODI BAHL	1.00									
BOARD MEMBER		х						0.	0.	0.
(24) JOEL D. MATURI	1.00									
BOARD MEMBER		х						0.	0.	0.
(25) KATIE BOYLAN	1.00									
BOARD MEMBER		х						0.	0.	0.
(26) KEN R. DAVIDSON	1.00									
BOARD MEMBER		х						0.	0.	0.
1b Subtotal								2,947,757.	0.	246,777.
c Total from continuation sheets to Part	VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								2,947,757.	0.	246,777.
2 Total number of individuals (including but								ceived more than \$100	000 of reportable	

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WINTHROP & WEINSTINE	Description of services	Compondation
225 SOUTH 6TH ST., MINNEAPOLIS, MN 55402	LEGAL SERVICES	135,766.
EMILY FRITZ		
3046 WILDFLOWER TRAIL, MEDINA, MN 55340	HR CONSULTING SERVICES	124,000.
C.O.D. SERVICES LLC		
17895 182ND AVE. NW, BIG LAKE, MN 55309	DELIVERY SERVICES	107,575.
2 Total number of independent contractors (including but not limited to those lis	sted above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form **990** (2022)

27

Form 990 SECOND HARVE	ST HEARTLAN	D							23-74176	554
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employe	es (continued)	
<b>(A)</b> Name and title	(B) Average				C) sition	1		( <b>D</b> ) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week (list any hours for related organizations below	stee or director		c all	Key employee			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	line)	Individ	Institu	Officer	Key en	Highes	Former			
(27) KRISTA NELSON	1.00	.,							0	
BOARD MEMBER	1 00	Х						0.	0.	
(28) MIKE STIGERS	1.00	.,							0	
BOARD MEMBER	1 00	Х					<u> </u>	0.	0.	
(29) RICARDO FERNANDEZ BOARD MEMBER	1.00	.,							0	
	1 00	Х					<u> </u>	0.	0.	
(30) RON J. FELDMAN BOARD CHAIR	1.00	Į.,		,					_	
	1 00	Х	_	Х				0.	0.	
(31) SARITA PARIKH	1.00								_	
BOARD MEMBER	1 00	Х	_	-	-	-	-	0.	0.	
(32) SHAHID ALAM	1.00	ł								
BOARD MEMBER (PART-YEAR)	1 00	Х						0.	0.	
(33) SHEILAH STEWART	1.00	١							•	
BOARD MEMBER	1 00	Х	_					0.	0.	
(34) STACEY FOWLER-MEITTUNEN	1.00	١		l					•	
BOARD VICE CHAIR	1 00	Х		Х			<u> </u>	0.	0.	
(35) SUZI KIM SCOTT BOARD MEMBER	1.00	x						0.	0.	
(36) TAMMYLYNNE JONAS	1.00	^						0.	0.	
BOARD MEMBER	1.00	x						0.	0.	
(37) TERI CROSBY	1.00	^						0.	0.	
BOARD MEMBER	1.00	х						0.	0.	
		_								
Total to Part VII, Section A, line 1c	1	1	<u> </u>	·	1		1			

Form 990 (2022) SECOND HART
Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
			_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
S S	1 2	Federated campaigns 1a	44,919.				
ant		Membership dues 1b	,				
جَ ۾		Fundraising events 1c	1,695,710.				
fts, r A		d Related organizations 1d	, ,				
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions)	6,093,617.				
Sin		All other contributions, gifts, grants, and	0,000,027.				
ē Ė	'	similar amounts not included above	227,802,676.				
ë₽			176,640,184.				
o d		Noncash contributions included in lines 1a-1f	170,040,104.	235,636,922.			
Oa	r	Total. Add lines 1a-1f	Business Code	233,030,322.			
		FOOD PURCHASE	624200	10 693 375	10 693 375		
ice	2 6			19,683,375.	19,683,375.		
e S	k	FOOD DISTRIBUTION	624200	4,008,360.	4,008,360.		
n S	•						
Je S	•	d					
Program Service Revenue	•						
Δ.		All other program service revenue					
	9	Total. Add lines 2a-2f		23,691,735.			
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)		324,828.			324,828.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	(	Rental income or (loss) 6c					
	(	Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 15,580,628					
	k	Less: cost or other basis					
ē		and sales expenses	. 12,475.				
ē	(	Gain or (loss) 7c 1,032,007	12,475.				
ther Revenue		d Net gain or (loss)		1,019,532.			1,019,532.
ē		Gross income from fundraising events (not					
된		including \$1,695,710. of					
		contributions reported on line 1c). See					
		Part IV, line 18	a 105,377.				
	k	Less: direct expenses 8					
		Net income or (loss) from fundraising events		-358,743.			-358,743.
		a Gross income from gaming activities. See					
		Part IV, line 19	a				
	ŀ	Less: direct expenses 9					
		Net income or (loss) from gaming activities_	-				
		a Gross sales of inventory, less returns					
		and allowances 10	)a				
	ŀ	Less: cost of goods sold					
		Net income or (loss) from sales of inventory	·~·				
$\dashv$	,	The modifie of floody from Sales of inventory	Business Code				
Sn	11 -	PALLET SALE	900099	78,616.	78,616.		
e Te		MISCELLANEOUS INCOME	900099	66,607.	66,607.		
Miscellaneous Revenue				-3,557.			
See		d All other revenue					
Ξ		Total. Add lines 11a-11d		145,223.			
	12	Total revenue. See instructions		260,459,497.	23,836,958.	0.	985,617.
	14	iolal icycliuc. Occ ilibil utilitis		1,,,/.	1,,,	٠ .	, ,,,,,,,

232009 12-13-22

# Form 990 (2022) SECOND HARVEST HEAR Part IX Statement of Functional Expenses

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

	include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	rants and other assistance to domestic organizations		5A,F611666	gerrera: experiese	одроново
aı	nd domestic governments. See Part IV, line 21	171,039,979.	171,039,979.		
<b>2</b> G	irants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22	5,027,863.	5,027,863.		
<b>3</b> G	irants and other assistance to foreign				
0	rganizations, foreign governments, and foreign				
ir	ndividuals. See Part IV, lines 15 and 16				
<b>4</b> B	enefits paid to or for members				
<b>5</b> C	compensation of current officers, directors,				
tr	rustees, and key employees	2,560,502.		2,560,502.	
<b>6</b> C	ompensation not included above to disqualified				
p	ersons (as defined under section 4958(f)(1)) and				
p	ersons described in section 4958(c)(3)(B)				
<b>7</b> C	other salaries and wages	16,033,451.	9,393,235.	3,815,292.	2,824,924
<b>8</b> P	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	697,348.	482,259.	64,970.	150,119
<b>9</b> C	other employee benefits	1,924,059.	1,060,944.	591,553.	271,562
<b>10</b> P	ayroll taxes	1,232,406.	692,287.	334,608.	205,511
11 F	ees for services (nonemployees):				
a M	lanagement				
<b>b</b> L	egal	104,839.		104,839.	
c A	ccounting	61,150.		61,150.	
d L	obbying	245,341.		245,341.	
<b>e</b> P	rofessional fundraising services. See Part IV, line 17 📙	578,511.			578,511
<b>f</b> Ir	vestment management fees	6,243.		6,243.	
g C	other. (If line 11g amount exceeds 10% of line 25,				
C	olumn (A), amount, list line 11g expenses on Sch O.)	3,804,986.	460,742.	251,612.	3,092,632
<b>12</b> A	dvertising and promotion	841,641.	80,088.	192,108.	569,445
<b>13</b> C	office expenses	1,128,805.	572,408.	130,791.	425,606
<b>14</b> Ir	nformation technology	2,073,970.	1,656,932.	143,225.	273,813
15 R	oyalties				
<b>16</b> C	Occupancy	1,227,278.	989,885.	176,125.	61,268
17 T	ravel	281,469.	149,791.	94,781.	36,897
<b>18</b> P	ayments of travel or entertainment expenses				
fc	or any federal, state, or local public officials				
<b>19</b> C	conferences, conventions, and meetings	102,159.	24,182.	56,895.	21,082
<b>20</b> Ir	nterest	174,130.	141,554.	14,513.	18,063
2 <b>1</b> P	ayments to affiliates				
<b>22</b> D	epreciation, depletion, and amortization	1,669,287.	1,486,670.	92,148.	90,469
2 <b>3</b> Ir	nsurance				
al lii ai	ther expenses. Itemize expenses not covered cove. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	OST OF PURCH PROD DISB	32,014,523.	32,014,523.		
~ _	ROCUREMENT	6,756,818.	6,624,348.		132,470
· -	ONATED PRODUCT WASTE	3,025,732.	2,948,221.	77,391.	120
d <u>V</u>	EHICLE EXPENSE	2,007,580.	1,991,215.	16,365.	
e A	Il other expenses	50,243.		50,243.	
	otal functional expenses. Add lines 1 through 24e	254,670,313.	236,837,126.	9,080,695.	8,752,492
26 J	oint costs. Complete this line only if the organization				
re	eported in column (B) joint costs from a combined				
e	ducational campaign and fundraising solicitation.				
C	heck here if following SOP 98-2 (ASC 958-720)				

## Form 990 (2022) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	5,427,643.	2	13,783,562		
	3	Pledges and grants receivable, net			2,532,129.	3	2,123,555
	4	Accounts receivable, net			2,387,423.	4	2,324,406
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B) L		6	
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			7,162,825.	8	6,695,37
ğ	9	Donat and a superior and all forms of all answers			536,558.	9	950,084
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	46,846,714.			
	b	Less: accumulated depreciation	10b	11,001,807.	36,919,041.	10c	35,844,90
	11	Investments - publicly traded securities			45,666,809.	11	44,480,006
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	19,433.	15	1,897,11		
	16	Total assets. Add lines 1 through 15 (must ed			100,651,861.	16	108,099,013
	17	Accounts payable and accrued expenses	5,080,626.	17	4,069,683		
	18	Grants payable		18			
	19	Deferred revenue	13,850.	19	33,723		
	20					20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or for	mer offic	er, director,			
i <u>t</u> ie		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of th				22	
ן בֿי	23	Secured mortgages and notes payable to unre	lated thi		3,938,286.	23	3,808,693
	24	Unsecured notes and loans payable to unrelat	ed third	parties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D			1,566,846.	25	1,812,787
	26				10,599,608.	26	9,724,882
		Organizations that follow FASB ASC 958, ch	neck her	e X			
ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions		L	87,258,332.	27	92,427,462
Bal	28	Net assets with donor restrictions			2,793,921.	28	5,946,669
pu		Organizations that do not follow FASB ASC					
ᇳ		and complete lines 29 through 33.					
ρ	29	Capital stock or trust principal, or current fund	s			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			90,052,253.	32	98,374,131
_	33				100,651,861.	33	108,099,013

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		260,	459,	497.
2	Total expenses (must equal Part IX, column (A), line 25)	2		254,	670,	313.
3	Revenue less expenses. Subtract line 2 from line 1	3		5,	789,	184.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		90,	052,	253.
5	Net unrealized gains (losses) on investments	5		2,	532,	694.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		98,	374,	131.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Х
			_		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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	<b>2</b> b	Х	
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
			-	orm	990	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection
Employer identification number

#### SECOND HARVEST HEARTLAND 23-7417654 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### 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.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Selevatine 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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) 17 Gross receipts from related activities, etc. (see instructions) 18 Gross income from unrelated dusiness activities, whether or not the business is regularly carried on 19 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 19 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 19 Ja 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  19 Ja 31 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	Calen 1	• • • • • • • • • • • • • • • • • • • •						
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization selected for the organization sheeff 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 5 The portion of total contributions by each person (other than a governmental unit to the organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsections 5 total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 5 Oscilon B. Total Support 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add line 7 through 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 17 First 5 years, if the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501c(3) organization, check this box and stop here 19 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 10 31/3% support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 11 Gas 31/3% support percentage as a publicly supported organization or line 15 is 33 1/3% or more, check this box and stop here.	1		l <b>(a)</b> 2018 l	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Submartive's from thre4.  8 Cection B. Total Support  Callendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from similar sources  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  8 Fection C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 3 1/3% support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 3 1/3% support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 3 1/3% support test - 2021. If the organization oft on check the box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  15 3 1/3% support test - 2021. If the organization oft on check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization of the organization of on check a box on line 13 or 16a, and lin		Gifts, grants, contributions, and	.,	, , , _	,,	.,	,,	
Include any "unusual grants."    150, 210, 034.   224, 685, 988.   212, 507, 202.   206, 415, 837.   235, 636, 922.   102945591		, • ,						
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 to the organization 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. Seitractive 5 from line 4  8 Cross income from interest, dividends, payments received on securities loans, ents, royalties, and income from interest, dividends, payments received on securities loans, ents, royalties, and 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.)  10 Gross receipts from related activities, etc. (see instructions)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Total support. Add lines 7 through 10  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support the reganization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  15 Jan 178% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 30 1/3% or more, check this box and stop here. The		·	150,210,034.	224,685,988.	212,507,202.	206,415,837.	235,636,922.	1029455983.
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 5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6. Public support. Subtract line 5 from line 4 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9. Net income from minelated business activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11. Total support. Author of the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 14. Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15. Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 16. Public support text - 2022. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16. Bail 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16. Bail 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16. Bail 13 organization qualifies as a publicly supported organization 17. Bail 13 organization qualifies as a publicly supported organization	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge  1 Total Add lines 1 through 13		or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3   150,210,034. 224,685,988. 212,507,202. 206,415,837. 235,636,922. 102945591 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 64,842. 195,719. 67,315. 52,702. 324,828. 705,41 9 Net income from mindered 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.) 80,434. 235,327. 131,574. 110,505. 145,223. 703,01 17 Total support. Add lines 7 through 10 80,434. 235,327. 131,574. 110,505. 145,223. 703,01 18 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	3	The value of services or facilities						
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtractives from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from smillar sources  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 assests (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization of loth of the Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 23 1/3% support test - 2022. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		furnished by a governmental unit to						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtractive 5 from line 4.  7 Amounts from line 4.  8 Gross income from interest, dividends, payments received on securities loans, ents, royalties, and income from similar sources.  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 assests (Explain in Part VI.)  8 First 5 years. If the Form P90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  80,434. 235,327. 131,574. 110,505. 145,223. 703,01  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  8ection C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  15 33 1/3% support test - 2022. If the organization did not check a tox on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Gross income from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form related activities, etc. (see instructions)  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  14 99.85  15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  16 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  16 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  16 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  17 Public support percentage for 2022 (line 6, column (f), divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	4	Total. Add lines 1 through 3	150,210,034.	224,685,988.	212,507,202.	206,415,837.	235,636,922.	1029455983.
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.  8 Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources sactivities, whether or not the business is regularly carried on  9 Net income from or related 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 assests (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization  15 Public support percentage from 2021 Schedule A, Part II, line 14.  16 99.88  16 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
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.  8 Pesction B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 33 1/3% support test - 2022. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		·						
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.  6 Public support (fiscal year log fining in)  7 Amounts from line 4.  102945598  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business activities, whether or not include gain or loss from the sale of capital assets (Explain in Part VI.)  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 71,297, 2i  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2021 Schedule A, Part II, line 14  15 99.88  16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  15 by 33 1/3% support test - 2022. If the organization did not check abox on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		• •						
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		*						
amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4  150, 210, 034. 224, 685, 988. 212, 507, 202. 206, 415, 837. 235, 636, 922. 102945591  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  14 Public support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		· · · · · · · · · · · · · · · · · · ·						
column (f) 6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from similar sources. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 11 Total support. Add lines 7 through 10 12 Total support test - 2022. If the organization of Public Support Percentage  14 Public support percentage from 2021 Schedule A, Part II, line 14 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  1 10 Day 155 91 10 2020 (d) 2021 (e) 2022 (f) Total 150, 2020 (d) 2021 (e) 2022 (f) Total 150, 2020 (f) Total 2020 (f) Total 2020 (f) Total 2020 (f) Total 315 (f) 2020 (f) 703								
Section B. Total Support   Subtract line 5 from line 4.		column (f)						
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7 Amounts from line 4			(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
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#### 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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 disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Schedule A (Form 990) 2022

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### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
10		
4a		
4b		
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5a		
5b		
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Schedule A (Form 990) 2022

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Par	t IV   Supporting Organizations (continued)			
	· · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
_7_	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2022

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Orga	anizations <sub>(contin</sub>	ued)	
Secti	ion D - Distributions					Current Year
1	Amounts paid to supported organizations to accom	plish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly further	ers exemp	ot purposes of supported			
	organizations, in excess of income from activity	•			2	
3	Administrative expenses paid to accomplish exemp	S	3			
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval requ	uired - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instruc	•			6	
7	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to	o which th	he organization is responsive	9		
	(provide details in <b>Part VI</b> ). See instructions.		3		8	
9	Distributable amount for 2022 from Section C, line	 6			9	
10	Line 8 amount divided by line 9 amount				10	
			(i)	(ii)	1	(iii)
Secti	tion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6	6				
2	Underdistributions, if any, for years prior to 2022 (re	eason-				
	able cause required - explain in Part VI). See instruc	ctions.				
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
ī	Carryover from 2017 not applied (see instructions)					
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3	f.				
4	Distributions for 2022 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
5	Remaining underdistributions for years prior to 2022	2. if			$\neg$	
-	any. Subtract lines 3g and 4a from line 2. For result					
	than zero, explain in <b>Part VI.</b> See instructions.	J				
6	Remaining underdistributions for 2022. Subtract line	es 3h				
·	and 4b from line 1. For result greater than zero, exp					
	Part VI. See instructions.	лан н				
7	Excess distributions carryover to 2023. Add lines					
•	and 4c.	, o <sub>j</sub>				
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021  Excess from 2022					
е	EAUGOO HUHI ZUZZ					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 SECOND HARVEST HEARTLAND	23-7417654	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a 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; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	s 1 and 2; Part IV, Section t V, Section B, line 1e; Pa	n C, art V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
MISCELLANEOUS INCOME		
2018 AMOUNT: \$ 5,327.		
2019 AMOUNT: \$ 150,648.		
2020 AMOUNT: \$ 52,691.		
2021 AMOUNT: \$ 31,709.		
2022 AMOUNT: \$ 66,607.		
PALLET SALES		
2018 AMOUNT: \$ 75,107.		
2019 AMOUNT: \$ 84,679.		
2020 AMOUNT: \$ 78,883.		
2021 AMOUNT: \$ 78,796.		
2022 AMOUNT: \$ 78,616.		

### Schedule B

(Form 990)

**Schedule of Contributors** Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization SECOND HARVEST HEARTLAND 23-7417654

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
• •	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	of filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

SECOND HARVEST HEARTLAND

23-7417654

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WEM FOUNDATION  110 CHESHIRE LN STE 320  MINNETONKA, MN 55305	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	- Name, address, and 2ff + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization

Employer identification number

SECOND HARVEST HEARTLAND

23-7417654

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

Page **4** 

Name of organization **Employer identification number** SECOND HARVEST HEARTLAND 23-7417654 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

Name of org	anization	ionor compreso r aix im		Emp	loyer identification number
		/EST HEARTLAND			23-7417654
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
2 Politica		ation's direct and indirect polition ures gn activities			
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(	3).	
2 Enter th 3 If the or 4a Was a c	ne amount of any excise tax rganization incurred a section correction made?	incurred by the organization un incurred by organization manag n 4955 tax, did it file Form 4720	gers under section 4955 ofor this year?	\$	Yes No
Part I-C	describe in Part IV.  Complete if the org	anization is exempt und	ler section 501(c).	except section 501(c	3)(3).
<ul> <li>2 Enter the exempt</li> <li>3 Total exempt in 17th</li> <li>4 Did the</li> <li>5 Enter the made potential</li> <li>5 Contribution</li> </ul>	the amount of the filing organ function activities compt function expenditures of the filing organization file <b>Form</b> the names, addresses and emayments. For each organizations received that were productions received that were productions.	by the filing organization for se ization's funds contributed to o	ther organizations for sea and on Form 1120-POL IN) of all section 527 po id from the filing organiz a separate political orga	s, , \$ ilitical organizations to which zation's funds. Also enter the anization, such as a separat	Yes No n the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

	ECOND HARVEST HE				417654 Page :
Part II-A Complete if the orga	nization is exem	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
A Check if the filing organizati	on belongs to an affili	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	of excess lobbying e	xpenditures).			
B Check if the filing organizati	on checked box A an	d "limited control" pro	visions apply.		
	s on Lobbying Expen tures" means amour	nditures nts paid or incurred.)		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion (a	rassroots lobbying)		72,449.	
<b>b</b> Total lobbying expenditures to influe		. (alta a at la la la da a a)		259,802.	
c Total lobbying expenditures (add line		, , , , , , , , , , , , , , , , , , , ,		332,251.	
<b>d</b> Other exempt purpose expenditures			[	236,504,875.	
e Total exempt purpose expenditures				236,837,126.	
f Lobbying nontaxable amount. Enter	the amount from the			1,000,000.	
If the amount on line 1e, column (a) or	(b) is: The lobi	oying nontaxable am	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000,	000 \$100,000	0 plus 15% of the exce			
Over \$1,000,000 but not over \$1,50	0,000 \$175,000	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	00,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (ente	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	or less, enter -0			0.	
j If there is an amount other than zero	on either line 1h or li	ne 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this ye	ear?				Yes No
(Some organizations that	at made a section 50	raging Period Under 11(h) election do not l ite instructions for lin	nave to complete all o	f the five columns be	elow.
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1.000.000.	1.000.000.	1,000,000.	1,000,000.	4.000.000

	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	53,201.	20,716.	9,142.	332,251.	415,310.
<b>d</b> Grassroots nontaxable amount	250,000.	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	2,826.	6,259.	4,195.	72,449.	85,729.

Schedule C (Form 990) 2022

# 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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			,,	o)
or the i	lobbying activity.	Yes	No	Amo	ount
1 [	During the year, did the filing organization attempt to influence foreign, national, state, or				
le	local legislation, including any attempt to influence public opinion on a legislative matter				
c	or referendum, through the use of:				
a ∖	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f (	Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>	
	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?		05.00	tion	
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	11 30 1 (6)(3)	, or se	Stion	
art					
art	00.(0)(0).			Yes	N
	Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	N
<b>1</b> V				Yes	N
1 V 2 [	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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	e prior year? n 501(c)(5)	2 3 ), or se	ction	
1 V 2 [ 3 [ Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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."  Dues, assessments and similar amounts from members	e prior year? n 501(c)(5) 'No" OR (l	), or seeb) Part	ction	
1 V 2 [ 3 [ Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5) 'No" OR (l	), or seeb) Part	ction	
1 V 2 [ 3 [ 2 art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3 ), or se b) Part	ction	
1 V 2 [ 3 [ 2 art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	e prior year? n 501(c)(5) 'No" OR (l	2 3), or se b) Part	ction	
1 V 2 [ 3 [ 2 art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3), or see b) Part	ction	
1 \ \V2 \ \cdot \c	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	
1 V 2 [ 3 [ 2 c 4 c l 3 /	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5 'No" OR (l	2 3), or sec b) Part	ction	3, is
1 V 22 [ 33 [ 22 st 4   1   1   1   1   1   1   1   1   1	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid 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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	
1 V 2 [3 ] 3 [7] 1 [2 ] 6 (c ] 6 (c ] 3 / 4	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the section \$01(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	
11 V 2 [ 33 [ 33 [ 34 ] 4 ]	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid 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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	

62903.01

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

SECOND HARVEST HEARTLAND

**Employer identification number** 

23-7417654

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	<b>b)</b> Fun	ds 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 v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	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 it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(	i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic 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 treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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

Schedule D (Form 990) 2022

	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other	Similar	Assets	(conti		age <b>–</b>
3	Using the organization's acquisition, accession							COITE	<i>lucu)</i>	
•	collection items (check all that apply):	on, and other record	o, or corr arry or arr	, ronowing that	mano on	grimodrit di	00 01 110			
а	Public exhibition	d	I Dan or ex	change progra	m					
b	Scholarly research	е		containge progra						
c	Preservation for future generations									
4										
5	During the year, did the organization solicit o						e iii ait	AIII.		
3	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Pai		oto ii tilo organizat	ion anowered	100 011	1 01111 000,	r artiv,			
	Is the organization an agent, trustee, custodi	<u> </u>	iary for contributio	ns or other ass	ets not i	ncluded				
ıu	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII							_ 103		_ 110
	Troo, explain the arrangement in rare xiii	una complete the for	lowing table.					Amoun	t	
c	Beginning balance					1c			-	
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.					•		_	F	
Par										
		(a) Current year	(b) Prior year	(c) Two years		(d) Three ye	ears back	(e) Fou	r years	back
1a	Beginning of year balance	18,982,616.								
	Contributions	250,548.			.441.					
	Net investment earnings, gains, and losses	1,988,241.	-4,214,630		,805.					
	Grants or scholarships	, ,	, ,							
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g g	End of year balance	21,221,405.	18,982,616	. 22,197	246.					
2	Provide the estimated percentage of the curr			•	,					
a	Board designated or quasi-endowment		%	a,, nora ao.						
b	Permanent endowment	%								
		<u></u> /°								
·	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	•	tion that are held:	and administer	ed for the	e				
-	organization by:					•			Yes	No
	(i) Unrelated organizations							3a(i)		х
	(ii) Related organizations							3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R	?						
4	Describe in Part XIII the intended uses of the							0.2		
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered		, Part IV, line 11a.	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o	1	st or other		ccumulated	н	(d) Boo	k valu	
	Becomption of property	basis (investr	` '	s (other)		oreciation	<b>"</b>	(4, 500	ii vaic	
	<b>1a</b> Land									
	Buildings			4,713,002.		3,350,9	45.			,057.
	Leasehold improvements			, , , = -		, ,-			, -,	
	Equipment	I		5,741,826.		4,048,7	88.	1	.693	,038.
	Other			3,921,886.		3,602,0				812.
	. Add lines 1a through 1e. (Column (d) must e							35		907.
. 5.0	Trias in los ra an ough re. (Column (a) must e	quai ruiiii 330, Part	A, COIUITIII (D), IIIIE	106./			····			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SECOND HARVEST HI	EARTLAND	2	23-7417654	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd-of-vear market	value
	(-,	(0,110000000000000000000000000000000000		
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	ıd-of-year market	value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	Description		(b) Book v	value
(1)	•			
(2)				
(3)				
(4)			+	
(5)			+	
(6)			+	
			+	
(7)			+	
(8)			+	
(9)			+	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	? 15.)			
Complete if the organization answered "Yes"	on Form 000 Dort IV line:	11 a or 11f Can Farm 000 Part V line 0	E	
	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 23		
1. (a) Description of liability			(b) Book v	value
(1) Federal income taxes				
(2) FISCAL AGENT PAYABLE			+	2,980.
(3) CAPITAL LEASE, CURRENT PORTION			-	410,637.
(4) CAPITAL LEASES, NET OF CURRENT			1,	399,170.
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

1,812,787.

Sche	dule D (Form 990) 2022 SECOND HARVEST HEARTLAND			23-74	17654	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements Wi	th Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, lii	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	263,	379,015.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	2,532,694.			
b	Donated services and use of facilities		386,824.			
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	2,	919,518.
3	Subtract line 2e from line 1			3	260,	459,497.
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				
	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	.)		5	260,	459,497.
Par	t XII Reconciliation of Expenses per Audited Financial St	atements W	ith Expenses per F	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.				
1	Total expenses and losses per audited financial statements			1	255,	057,137.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	386,824.			
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)	l l				
е	Add lines 2a through 2d			2e		386,824.
3	Subtract line 2e from line 1			3	254,	670,313.
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.)					
	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	254,	670,313.
Par	t XIII Supplemental Information.	,				
Provi	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, I	ine 2; Part	: XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional in	formation.			
PART	V, LINE 4:					
DURI	NG 2021, SECOND HARVEST HEARTLAND ESTABLISHED A BOARD-DE	SIGNATED				
ENDO	WMENT FUND. THE PURPOSE OF THIS ENDOWMENT IS TO FIGHT HU	NGER NOW ANI	)			
LAY	THE GROUNDWORK FOR A STRONGER MINNESOTA THAT'S READY FOR	NEW				
CHAL	LENGES. THE FUNDS WILL HELP FEED THE COMMUNITY, STRENGTH	EN FOOD				
SHEL	VES AND OTHER HUNGER-RELIEF AGENCIES AND ADDRESS THE RAC	IAL HUNGER				
DIVI	DE. EACH YEAR THE BOARD CAN AUTHORIZE UP TO 5% OF THE MAI	RKET VALUE (	)F			
THE	ENDOWMENT FOR ANY PURPOSE CONSISTENT WITH THE PURPOSE OF	THE				
ENDO	WMENT.					
PART	X, LINE 2:					
THE	ORGANIZATION IS EXEMPT, AS A PUBLIC CHARITY, FROM FEDERAL	L AND STATE				
		· · · · · · · · · · · · · · · · · · ·	-			

#### **SCHEDULE G** (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization						Employer ide	ntification number
SECOND HAR	VEST HEARTLAND					23-741765	4
Part I Fundraising Activities required to complete this par	· Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual of the content of</li></ul>	e X Solicitat f X Solicitat g X Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ling of onal fo	overnment grants rnment grants events fficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
ONE & ALL - 2 NORTH LAKE AVE,	DIRECT AND DIGITAL	Yes	No				
STE 700, PASADENA, CA 91101	MARKETING STRATEGY AND		х	4,180,464.		253,108.	3,927,356.
GATEWAY COMMUNICATIONS, INC 16805 NORTHEAST MASON	TELEMARKETING		х	332,308.		121,665.	210,643.
M+R - 1101 17 ST. NW, SUITE	DIGITAL MARKETING STRATEGY						
301, WASHINGTON, DC 20036	AND CREATIVE		Х	281,885.		203,738.	78,147.
3 List all states in which the organization or licensing.  AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, I	L,KS,KY,ME,MD,MA,MI,MN,MS,N	ontrib	utions		it is	578,511. exempt from req	4,216,146. gistration
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,W	A , WV , W1						

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

Pa	art I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			DISH	KICK HUNGER	8	col. <b>(c)</b> )
Ф			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,216,821.	431,016.	153,250.	1,801,087.
_		Less: Contributions	1,111,444.	431,016.	153,250.	1,695,710.
	3	Gross income (line 1 minus line 2)	105,377.			105,377.
	4	Cash prizes				
ω	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	147,659.			147,659.
	8	Entertainment	6,750.			6,750.
	9	Other direct expenses		6,368.	6,044.	309,711.
	10	Direct expense summary. Add lines 4 through	0 :   (-1)			464,120.
	11					-358,743.
Pa	art I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	T	T	T
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ш	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
a	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming action," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
2320	82 10	)-27-22			Sche	dule G (Form 990) 2022

Sch	nedule G (Form 990) 2022 SECOND HARVEST HEARTLAND	23-74:	17654	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	1	13a	%
	o An outside facility		13b	<del>//</del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		100	70
14	cine the hame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	ıt		
	of gaming revenue retained by the third party \$			
	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е		
	organization's own exempt activities during the tax year \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part '	III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,,	,,
	,,,			

Schedule G	G(Form 990) SECOND HARVEST HEARTLAND	23-7417654	Page 4
Part IV	Supplemental Information (continued)		
	(Sontinued)		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022
Open to Public

Inspection

Name of the organization **Employer identification number** 23-7417654 SECOND HARVEST HEARTLAND Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) COMPLETE LIST AVAILABLE UPON EOUTPMENT REOUEST 649,672, 1,821.FMV AGENCY CAPACITY COMPLETE LIST AVAILABLE UPON 167593620 FMV MEALS FOOD DISTRIBUTION REOUEST 0 COMPLETE LIST AVAILABLE UPON REQUEST 358,055 0 GENERAL OPERATING GRANTS COMPLETE LIST AVAILABLE UPON DISTRIBUTION GRANTS REOUEST 146 000 0. COMPLETE LIST AVAILABLE UPON REOUEST 0. COLLABORATION GRANTS 169 336. COMPLETE LIST AVAILABLE UPON REOUEST 195 800 0 CHILD HUNGER GRANTS 343. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 150. Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMPLETE LIST AVAILABLE UPON REQUEST			201,819.	0.			KITCHEN COALITION EXPANSION		
COMPLETE LIST AVAILABLE UPON REQUEST			268,245.	960.	FMV	EQUIPMENT	EMERGENCY AND RESPONSE		
COMPLETE LIST AVAILABLE UPON									
REQUEST			1,452,100.	2,550.	FMV	MEALS	EXPANDED MEALS		
							0 - h - d d - 1 /F 00		

SECOND HARVEST HEARTLAND 23-7417654 Schedule I (Form 990) 2022 Page 2

(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	8033	0.	72,566.	FMV	INDIVIDUAL MEALS
FEDERAL COMMODITIES	8033	0.	4,955,297.	FMV	VARIOUS FOOD ITEMS
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
GRANTS ARE REVIEWED MONTHLY BY THE FINANCE DEPA	RTMENT. CASH DIS	BURSEMENTS			
ARE COMPARED TO GRANT APPLICATIONS AND DONOR CO	RRESPONDENCE TO	ENSURE			
COMPLIANCE. REGULAR SITE MONITORING, WHICH INCL	UDES SITE VISITS	, IS			
PERFORMED AS PART OF SHH'S OVERALL COMPLIANCE E		•			
					_

## SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

23. Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

SECOND HARVEST HEARTLAND

Employer identification number 23-7417654

OMB No. 1545-0047

Inspection

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

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

Schedule J (Form 990) 2022

#### 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	I-2 and/or 1099-MISO 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	(i)	418,200.	265,900.	300.	29,911.	6,786.	721,097.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MICHAEL HOBAN	(i)	264,968.	97,793.	0.	18,051.	15,229.	396,041.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) SARAH MOBERG	(i)	241,885.	102,772.	0.	16,224.	10,752.	371,633.	0.	
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) MEGAN MUSKE	(i)	213,744.	116,504.	300.	16,496.	739.	347,783.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) ELIZABETH COOPER	(i)	201,015.	83,351.	0.	14,180.	15,387.	313,933.	0.	
CHIEF EXTERNAL RELATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) SARAH WAITE	(i)	159,231.	64,911.	200.	10,805.	7,423.	242,570.	0.	
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) DAVID E. LASKEY	(i)	133,774.	13,377.	300.	7,361.	15,284.	170,096.	0.	
DIR ENTERPRISE EFF/FACILITY MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) JULIE VANHOVE	(i)	127,977.	15,298.	300.	7,880.	15,193.	166,648.	0.	
DIR SOURCING/DEMAND PLANNING	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) ROBIN MANTHIE	(i)	130,932.	13,093.	300.	8,541.	6,148.	159,014.	0.	
DIR KITCHEN COALITION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) DANIEL J. FUHRMAN	(i)	126,268.	15,127.	0.	8,484.	6,786.	156,665.	0.	
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
(i)									
	(ii)								
	(i)								
	(ii)								

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

SECOND HARVEST HEARTLAND

Inspection Employer identification number

23-7417654

Par	rt I Types of Property				•					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported o Form 990, Part VIII, line	n nonca	<b>(d)</b> lethod of determini ash contribution an	•	s		
1	Art - Works of art									
2	Art - Historical treasures	I								
3	Art - Fractional interests	I								
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		106	1,231,6	12. 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			175,230,6	74. WHOLESAI	LE-WEIGHT.AVG				
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts	1								
25	Other ( DINING EXP. )	Х	26	83,8	S54. COST					
26	Other (MISCELLANEOUS	х	173	30,8	883. COST					
27	Other (HOTEL STAYS	Х	21	27,0	)59. COST					
28	Other ( TRIPS & ACCOM )	Х	6	14,6	05. COST					
29	Number of Forms 8283 received by the orga	nization during	g the tax year for c	ontributions						
	for which the organization completed Form 8	3283, Part V, D	onee Acknowledg	ement 29						
							Yes	No		
30a	During the year, did the organization receive	by contribution	n any property rep	orted in Part I, lines 1 th	rough 28, that	it				
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for									
	exempt purposes for the entire holding period?									
b	b If "Yes," describe the arrangement in Part II.									
31										
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
contributions?										
b	contributions?  b If "Yes," describe in Part II.									
33	·									
	describe in Part II.				<u> </u>					
LHA	For Paperwork Reduction Act Notice, se	ee the Instruc	tions for Form 990	).		Schedule M (Form	990)	2022		

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.
PART I, OTHER TYPES OF PROPERTY:
GIFT CARDS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 70
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 7417.
(D) METHOD OF DETERMINING REVENUE: COST
GAME TICKETS & EXPERIENCES
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 11
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 7312.
(D) METHOD OF DETERMINING REVENUE: COST
PROFESSIONAL WORKSHOP
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3750.
(D) METHOD OF DETERMINING REVENUE: COST
EQUIPMENT
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 6
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3018.
(D) METHOD OF DETERMINING REVENUE: COST

Schedule M (Form 990) 2022

	is reporting this part fo	in Part I, r any add	column (b) tional infor	), the numb mation.	er of contri	butions, the	number of it	ems received	, or a combina	ation of both.	e organization Also complete
SCHEDULE	M, LINE 3	2B:									
RAYMOND	JAMES AND	MORGAN	STANLEY	ARE USE	AS STOC	K BROKERS	TO SELL				
STOCK DO	NATIONS.										
232142 09-09-	-22									Schedule	M (Form 990) 202

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

SECOND HARVEST HEARTLAND 23-7417654 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: SECOND HARVEST HEARTLAND'S MISSION IS TO END HUNGER TOGETHER. IN PARTNERSHIP. WE PROVIDE 78% OF THE FOOD DISTRIBUTED BY MORE THAN 1.000 FOOD SHELVES AND PARTNER PROGRAMS IN MINNESOTA AND WESTERN WISCONSIN. PART I, LINE 1 & PART 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 THE NATION, WE LEVERAGE OUR UNIQUE POSITION IN THE EMERGENCY FOOD CHAIN TO MAKE AN IMPACT. THROUGH PARTNERSHIPS, WE SUPPORT THOSE IN OUR REGION FACING HUNGER TODAY, MORE THAN A FOOD BANK, 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, LIKE FOODRX AND KITCHEN COALITION. IN FISCAL YEAR 2023, OUR WORK PROVIDED MORE THAN 128 MILLION MEALS, AS IN 4 PEOPLE IN OUR SERVICE AREA SOUGHT OUT FOOD ASSISTANCE. HUNGER IS PERVASIVE IN MINNESOTA'S COMMUNITIES OF COLOR DUE TO SYSTEMIC RACIAL DISPARITIES THAT EXIST IN ACCESS TO FOOD. THE SOBERING TRUTH IS THAT IN 25% OF BLACK MINNESOTANS AND 17% OF HISPANIC MINNESOTANS EXPERIENCED FOOD INSECURITY, WHILE ONLY 5% OF WHITE, NON-HISPANIC MINNESOTANS DID.

WE REACHED THOSE EXPERIENCING HUNGER THROUGH BOTH FOOD BANK OPERATIONS

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** SECOND HARVEST HEARTLAND 23-7417654 AND HUNGER-FIGHTING PROGRAMS: AS A FOOD BANK, WE WORK WITH OVER 300 AGENCY PARTNERS AND MORE THAN 1,000 ACTIVE 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, 78% OF ALL FOOD DISTRIBUTED BY FOOD SHELF PARTNERS TO THEIR NEIGHBORS. OF THE NEARLY 141 MILLION POUNDS OF FOOD WE DISTRIBUTED LAST YEAR, MORE THAN 63% WAS FRESH FOOD (PRODUCE, MEAT, DAIRY, AND BAKERY ITEMS). OUR PARTNER RELATIONS TEAM HELPED EASE PRESSURES FOR OUR PARTNERS BY MAKING \$1.3 MILLION IN GRANTS AVAILABLE TO HELP ADJUST TO INCREASING NEEDS AND CHANGES IN HOW THE NETWORK OPERATES. AMONG OTHER NEEDS, THESE GRANTS HELPED SUPPORT PARTNERS AS THEY CONTINUE TO ADDRESS INFLATIONARY PRESSURES, INCREASE THEIR CAPACITY, AND PROVIDE SERVICES IN NEW WAYS TO SUPPORT NEIGHBORS. OUR VOLUNTEER BASE IS CRITICAL TO OUR OPERATIONS. LAST YEAR, 16,009 UNIQUE VOLUNTEERS DONATED TIME TO SECOND HARVEST HEARTLAND FROM FOOD SORTING AND PACKING TO CLIENT ASSISTANCE TO SKILL-BASED VOLUNTEER PROJECTS AND MORE CONTRIBUTING 53,303 TOTAL HOURS. VOLUNTEERS DONATED THE TIME EQUIVALENT TO NEARLY 26 FULL-TIME EMPLOYEES, BASED ON THE AVERAGE HOURS PER YEAR WORKED BY A FULL-TIME EMPLOYEE: 2,080. KITCHEN COALITION, OUR PREPARED MEALS INITIATIVE, PROVIDED 1,212,165 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 64% OF THE

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization SECOND HARVEST HEARTLAND 23-7417654 INGREDIENTS IN EACH MEAL WERE SOURCED BY SECOND HARVEST HEARTLAND. 20 KITCHENS PARTICIPATED IN THE COLLABORATIVE, EMPLOYING AROUND 70 FOOD SERVICE WORKERS WEEKLY AND INVESTING \$6.1 MILLION IN LOCAL BUSINESSES. WE PROVIDED COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) FOOD BOXES TO MORE THAN 240 UNIQUE DISTRIBUTION SITES IN 41 MINNESOTA COUNTIES, SERVING APPROXIMATELY 4,800 SENIORS MONTHLY. FOODRY, OUR MEDICALLY TAILORED NUTRITION BOX PROGRAM, PROVIDED SERVICES TO SUPPORT A HEALTHY DIET AND IMPROVED HEALTH OF 14,495 INDIVIDUALS THROUGH FOUR SERVICE CATEGORIES: FOODRX CHRONIC DISEASE MANAGEMENT PROGRAM (981), FOODRX STABILITY BOXES (786), SNAP REFERRALS (7,446), AND COMMUNITY RESOURCES/ENGAGEMENTS (5,282). OUR SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) OUTREACH SPECIALISTS PROCESSED OVER 15,700 NEW CLIENT REFERRALS AND ASSISTED OVER 8,750 HOUSEHOLDS WITH SNAP APPLICATIONS AND RE-CERTIFICATIONS. THIS ADDED OVER 9.4 MILLION MEALS TO FAMILIES LAST YEAR. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: (CONTINUED FROM PART III) WE PROVIDED OVER \$195,800 IN GRANTS TO 24 EDUCATION AND NONPROFIT PARTNERS TO HELP MEET INCREASED NEED AND ADDRESS FOOD ACCESS CHALLENGES DUE TO RISING GROCERY PRICES, INFLATION AND OTHER ISSUES FACING MINNESOTA FAMILIES.

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

Schedule O (Form 990) 2022 Page **2** 

Name of the organization **Employer identification number** SECOND HARVEST HEARTLAND 23-7417654 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 FY23, WE PROVIDED CSFP FOOD BOXES TO MORE THAN 240 UNIQUE DISTRIBUTION SITES IN 41 MINNESOTA COUNTIES, SERVING APPROXIMTELY 4,800 SENIORS MONTHLY. EXPENSES \$ 5,533,003. INCLUDING GRANTS OF \$ 4,890,242. 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. FORM 990, PART VI, SECTION B, LINE 15: SECOND HARVEST HEARTLAND 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

Schedule O (Form 990) 2022 Page **2** 

**Employer identification number** Name of the organization SECOND HARVEST HEARTLAND 23-7417654 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. SECOND HARVEST HEARTLAND UTILIZES AN OUTSIDE COMPENSATION CONSULTANT TO CONDUCT A MARKET ANALYSIS OF CEO AND EXECUTIVE COMPENSATION, REPORTING ON BOTH BASE PAY MARKET MEDIAN AND VARIABLE PAY MARKET MEDIAN. THE MARKET ANALYSIS IS FOCUSED ON ORGANIZATIONS THAT MATCH SECOND HARVEST HEARTLAND IN SIZE, SCOPE, AND REGION. THE FORMAL ANALYSIS IS COMPLETED ROUTINELY AND NOT LESS FREQUENTLY THAN EVERY TWO YEARS. IN THE OFF-CYCLE YEARS. TRENDING DATA IS USED TO DETERMINE MOVEMENT IN CEO AND EXECUTIVE PAY AND IS USED IN CONSIDERATION WHEN MAKING ADJUSTMENT RECOMMENDATIONS OR WHEN MAKING A DETERMINATION THAT AN OFF-CYCLE MARKET ANALYSIS IS ADVISABLE. THE MARKET DATA IS REVIEWED BY THE BOARD OF DIRECTORS AS IT RELATES TO ESTABLISHING CEO COMPENSATION. THE CEO MAKES THE FINAL DETERMINATION OF SALARY INCREASES FOR OTHER EXECUTIVE COMPENSATION. EXCLUDING THIER OWN. BASED ON INDIVIDUAL PERFORMANCE AND POSITION RELATIVE TO THE MARKET MEDIAN. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,AL,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,MA,ME,MD,MI,MN,MS,ND,NH,NJ,NM,NV,NY NC,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,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.

Schedule O (Form 990) 2022	Page 2
Name of the organization SECOND HARVEST HEARTLAND	Employer identification number 23-7417654
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION	
PROCESS DURING THE TAX YEAR.	
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