

Return of Organization Exempt From Income Tax

Form 990

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

2022

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning OCT 1, 2022 and ending SEP 30, 2023

Form sections B through M: B Check if applicable, C Name of organization, D Employer identification number, E Telephone number, G Gross receipts, H(a) Is this a group return, H(b) Are all subordinates included, H(c) Group exemption number, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission, 2-7a Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature Block fields: Sign Here (Officer: ALLISON O' TOOLE, CEO), Paid (Preparer: WENDY HARDEN, CPA), Preparer Use Only (Firm: SDK CPA).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [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 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 \$ 9,327,086. including grants of \$ 3,192,820.) (Revenue \$) 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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 24; 1b Enter the number of voting members included on line 1a... 24; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 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...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MICHAEL HOBAN - (651) 484-5117
7101 WINNETKA AVE N, BROOKLYN PARK, MN 55428

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.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLISON O'TOOLE CHIEF EXECUTIVE OFFICER	40.00			X			684,400.	0.	36,697.	
(2) MICHAEL HOBAN CHIEF FINANCIAL OFFICER	40.00			X			362,761.	0.	33,280.	
(3) SARAH MOBERG CHIEF OPERATIONS OFFICER	40.00			X			344,657.	0.	26,976.	
(4) MEGAN MUSKE CHIEF DEVELOPMENT OFFICER	40.00			X			330,548.	0.	17,235.	
(5) ELIZABETH COOPER CHIEF EXTERNAL RELATIONS OFFICER	40.00			X			284,366.	0.	29,567.	
(6) SARAH WAITE CHIEF PEOPLE OFFICER	40.00			X			224,342.	0.	18,228.	
(7) DAVID E. LASKEY DIR ENTERPRISE EFF/FACILITY MGMT	40.00					X	147,451.	0.	22,645.	
(8) JULIE VANHOVE DIR SOURCING/DEMAND PLANNING	40.00					X	143,575.	0.	23,073.	
(9) ROBIN MANTHIE DIR KITCHEN COALITION	40.00					X	144,325.	0.	14,689.	
(10) DANIEL J. FUHRMAN CONTROLLER	40.00					X	141,395.	0.	15,270.	
(11) BARBARA HENTGES SR DIRECTOR OF DEVELOPMENT	40.00					X	139,937.	0.	9,117.	
(12) BEN CAMPBELL BOARD MEMBER	1.00	X					0.	0.	0.	
(13) BILL KOSCHAK TREASURER	1.00	X		X			0.	0.	0.	
(14) CAM HOANG BOARD MEMBER	1.00	X					0.	0.	0.	
(15) CHRIS FINCH BOARD MEMBER	1.00	X					0.	0.	0.	
(16) COLLEEN MAY IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(17) DAVID CROSBY SECRETARY	1.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID A. FIOCCO BOARD MEMBER	1.00	X						0.	0.	0.
(19) DR. DAVID TILSTRA BOARD MEMBER	1.00	X						0.	0.	0.
(20) IBRAHIMA DIOP BOARD MEMBER	1.00	X						0.	0.	0.
(21) JASON DERUSHA BOARD MEMBER	1.00	X						0.	0.	0.
(22) JILL HUTCHINSON BOLLETTIERI BOARD MEMBER	1.00	X						0.	0.	0.
(23) JODI BAHL BOARD MEMBER	1.00	X						0.	0.	0.
(24) JOEL D. MATURI BOARD MEMBER	1.00	X						0.	0.	0.
(25) KATIE BOYLAN BOARD MEMBER	1.00	X						0.	0.	0.
(26) KEN R. DAVIDSON BOARD MEMBER	1.00	X						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 not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 27

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 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 listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	44,919.				
	b Membership dues	1b					
	c Fundraising events	1c	1,695,710.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,093,617.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	227,802,676.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 176,640,184.				
	h Total. Add lines 1a-1f			235,636,922.			
Program Service Revenue	2 a FOOD PURCHASE	Business Code					
		624200	19,683,375.	19,683,375.			
	b FOOD DISTRIBUTION	624200	4,008,360.	4,008,360.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			23,691,735.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		324,828.			324,828.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	15,580,628.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	14,548,621.	12,475.			
	c Gain or (loss)	7c	1,032,007.	-12,475.			
	d Net gain or (loss)			1,019,532.		1,019,532.	
8 a Gross income from fundraising events (not including \$ 1,695,710. of contributions reported on line 1c). See Part IV, line 18	8a		105,377.				
			464,120.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-358,743.		-358,743.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a PALLET SALE	Business Code					
		900099	78,616.	78,616.			
	b MISCELLANEOUS INCOME	900099	66,607.	66,607.			
	c						
	d All other revenue						
e Total. Add lines 11a-11d			145,223.				
12 Total revenue. See instructions			260,459,497.	23,836,958.	0.	985,617.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	171,039,979.	171,039,979.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,027,863.	5,027,863.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,560,502.		2,560,502.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	16,033,451.	9,393,235.	3,815,292.	2,824,924.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	697,348.	482,259.	64,970.	150,119.
9 Other employee benefits	1,924,059.	1,060,944.	591,553.	271,562.
10 Payroll taxes	1,232,406.	692,287.	334,608.	205,511.
11 Fees for services (nonemployees):				
a Management				
b Legal	104,839.		104,839.	
c Accounting	61,150.		61,150.	
d Lobbying	245,341.		245,341.	
e Professional fundraising services. See Part IV, line 17	578,511.			578,511.
f Investment management fees	6,243.		6,243.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,804,986.	460,742.	251,612.	3,092,632.
12 Advertising and promotion	841,641.	80,088.	192,108.	569,445.
13 Office expenses	1,128,805.	572,408.	130,791.	425,606.
14 Information technology	2,073,970.	1,656,932.	143,225.	273,813.
15 Royalties				
16 Occupancy	1,227,278.	989,885.	176,125.	61,268.
17 Travel	281,469.	149,791.	94,781.	36,897.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	102,159.	24,182.	56,895.	21,082.
20 Interest	174,130.	141,554.	14,513.	18,063.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,669,287.	1,486,670.	92,148.	90,469.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COST OF PURCH PROD DISB	32,014,523.	32,014,523.		
b PROCUREMENT	6,756,818.	6,624,348.		132,470.
c DONATED PRODUCT WASTE	3,025,732.	2,948,221.	77,391.	120.
d VEHICLE EXPENSE	2,007,580.	1,991,215.	16,365.	
e All other expenses	50,243.		50,243.	
25 Total functional expenses. Add lines 1 through 24e	254,670,313.	236,837,126.	9,080,695.	8,752,492.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,162,825.	8	6,695,375.
	9 Prepaid expenses and deferred charges	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 35,844,907.
	11 Investments - publicly traded securities	45,666,809.	11	44,480,006.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	19,433.	15	1,897,118.
16 Total assets. Add lines 1 through 15 (must equal line 33)	100,651,861.	16	108,099,013.	
Liabilities	17 Accounts payable and accrued expenses	5,080,626.	17	4,069,681.
	18 Grants payable		18	
	19 Deferred revenue	13,850.	19	33,721.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,938,286.	23	3,808,693.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,566,846.	25	1,812,787.
	26 Total liabilities. Add lines 17 through 25	10,599,608.	26	9,724,882.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	87,258,332.	27	92,427,462.
	28 Net assets with donor restrictions	2,793,921.	28	5,946,669.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	90,052,253.	32	98,374,131.
33 Total liabilities and net assets/fund balances	100,651,861.	33	108,099,013.	

Form 990 (2022)

Part 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.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2022)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	150,210,034.	224,685,988.	212,507,202.	206,415,837.	235,636,922.	1029455983.
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	150,210,034.	224,685,988.	212,507,202.	206,415,837.	235,636,922.	1029455983.
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.						1029455983.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	150,210,034.	224,685,988.	212,507,202.	206,415,837.	235,636,922.	1029455983.
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.	705,406.
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.)	80,434.	235,327.	131,574.	110,505.	145,223.	703,063.
11 Total support. Add lines 7 through 10						1030864452.
12 Gross receipts from related activities, etc. (see instructions)					12	71,297,287.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.86 %
15 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990) 2022

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

SCHEDULE 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)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

SECOND HARVEST HEARTLAND

Employer identification number

23-7417654

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WEM FOUNDATION 110 CHESHIRE LN STE 320 MINNETONKA, MN 55305	\$ 14,110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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 organization SECOND HARVEST HEARTLAND	Employer identification number 23-7417654
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	72,449.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	259,802.													
c	Total lobbying expenditures (add lines 1a and 1b)	332,251.													
d	Other exempt purpose expenditures	236,504,875.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	236,837,126.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	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 line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(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 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.
d 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)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

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

2022

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,982,616.	22,197,246.			
b Contributions	250,548.	1,000,000.	21,865,441.		
c Net investment earnings, gains, and losses	1,988,241.	-4,214,630.	331,805.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	21,221,405.	18,982,616.	22,197,246.		

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ 100 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,470,000.		2,470,000.
b Buildings		34,713,002.	3,350,945.	31,362,057.
c Leasehold improvements				
d Equipment		5,741,826.	4,048,788.	1,693,038.
e Other		3,921,886.	3,602,074.	319,812.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				35,844,907.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) 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)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,812,787.

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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	263,379,015.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,532,694.
b	Donated services and use of facilities	2b	386,824.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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.

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

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

1	Total expenses and losses per audited financial statements	1	255,057,137.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	386,824.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	254,670,313.

Part XIII Supplemental Information.

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

PART V, LINE 4:

DURING 2021, SECOND HARVEST HEARTLAND ESTABLISHED A BOARD-DESIGNATED ENDOWMENT FUND. THE PURPOSE OF THIS ENDOWMENT IS TO FIGHT HUNGER NOW AND LAY THE GROUNDWORK FOR A STRONGER MINNESOTA THAT'S READY FOR NEW CHALLENGES. THE FUNDS WILL HELP FEED THE COMMUNITY, STRENGTHEN FOOD SHELVES AND OTHER HUNGER-RELIEF AGENCIES AND ADDRESS THE RACIAL HUNGER DIVIDE. EACH YEAR THE BOARD CAN AUTHORIZE UP TO 5% OF THE MARKET VALUE OF THE ENDOWMENT FOR ANY PURPOSE CONSISTENT WITH THE PURPOSE OF THE ENDOWMENT.

PART X, LINE 2:

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

Part XIII Supplemental Information *(continued)*

INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

APPLICABLE STATE STATUTES. THE ORGANIZATION HAS EVALUATED ITS TAX

POSITIONS FOR UNCERTAINTY AND HAS NO UNRECOGNIZED TAX MATTERS THAT ARE

REQUIRED TO BE DISCLOSED.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		DISH (event type)	KICK HUNGER (event type)	8 (total number)		
Revenue	1	Gross receipts	1,216,821.	431,016.	153,250.	1,801,087.
	2	Less: Contributions	1,111,444.	431,016.	153,250.	1,695,710.
	3	Gross income (line 1 minus line 2)	105,377.			105,377.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	147,659.			147,659.
	8	Entertainment	6,750.			6,750.
	9	Other direct expenses	297,299.	6,368.	6,044.	309,711.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				464,120.
11	Net income summary. Subtract line 10 from line 3, column (d)				-358,743.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMPLETE LIST AVAILABLE UPON REQUEST			649,672.	1,821.	FMV	EQUIPMENT	AGENCY CAPACITY
COMPLETE LIST AVAILABLE UPON REQUEST			0.	167593620	FMV	MEALS	FOOD DISTRIBUTION
COMPLETE LIST AVAILABLE UPON REQUEST			358,055.	0.			GENERAL OPERATING GRANTS
COMPLETE LIST AVAILABLE UPON REQUEST			146,000.	0.			DISTRIBUTION GRANTS
COMPLETE LIST AVAILABLE UPON REQUEST			169,336.	0.			COLLABORATION GRANTS
COMPLETE LIST AVAILABLE UPON REQUEST			195,800.	0.			CHILD HUNGER GRANTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 343.

3 Enter total number of other organizations listed in the line 1 table 150.

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
COMPLETE LIST AVAILABLE UPON REQUEST							
COMPLETE LIST AVAILABLE UPON REQUEST							
COMPLETE LIST AVAILABLE UPON REQUEST							
COMPLETE LIST AVAILABLE UPON REQUEST							
COMPLETE LIST AVAILABLE UPON REQUEST							
COMPLETE LIST AVAILABLE UPON REQUEST							

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEALS DISTRIBUTED TO INDIVIDUALS	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, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS ARE REVIEWED MONTHLY BY THE FINANCE DEPARTMENT. CASH DISBURSEMENTS

ARE COMPARED TO GRANT APPLICATIONS AND DONOR CORRESPONDENCE TO ENSURE

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

PERFORMED AS PART OF SHH'S OVERALL COMPLIANCE EFFORTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SECOND HARVEST HEARTLAND

Employer identification number

23-7417654

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALLISON O'TOOLE CHIEF EXECUTIVE OFFICER	(i)	418,200.	265,900.	300.	29,911.	6,786.	721,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL HOBAN CHIEF FINANCIAL OFFICER	(i)	264,968.	97,793.	0.	18,051.	15,229.	396,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SARAH MOBERG CHIEF OPERATIONS OFFICER	(i)	241,885.	102,772.	0.	16,224.	10,752.	371,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MEGAN MUSKE CHIEF DEVELOPMENT OFFICER	(i)	213,744.	116,504.	300.	16,496.	739.	347,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETH COOPER CHIEF EXTERNAL RELATIONS OFFICER	(i)	201,015.	83,351.	0.	14,180.	15,387.	313,933.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARAH WAITE CHIEF PEOPLE OFFICER	(i)	159,231.	64,911.	200.	10,805.	7,423.	242,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID E. LASKEY DIR ENTERPRISE EFF/FACILITY MGMT	(i)	133,774.	13,377.	300.	7,361.	15,284.	170,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JULIE VANHOVE DIR SOURCING/DEMAND PLANNING	(i)	127,977.	15,298.	300.	7,880.	15,193.	166,648.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROBIN MANTHIE DIR KITCHEN COALITION	(i)	130,932.	13,093.	300.	8,541.	6,148.	159,014.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DANIEL J. FUHRMAN CONTROLLER	(i)	126,268.	15,127.	0.	8,484.	6,786.	156,665.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	106	1,231,612.	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	X		175,230,674.	WHOLESALE-WEIGHT.AVG
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DINING EXP.)	X	26	83,854.	COST
26 Other (MISCELLANEOUS)	X	173	30,883.	COST
27 Other (HOTEL STAYS)	X	21	27,059.	COST
28 Other (TRIPS & ACCOM)	X	6	14,605.	COST

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II 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

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

SCHEDULE M, LINE 32B:

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

STOCK DONATIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SECOND HARVEST HEARTLAND

Employer identification number

23-7417654

FORM 990, 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

1 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

2021, 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

232211 10-28-22

Name of the organization SECOND HARVEST HEARTLAND	Employer identification number 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

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

FOODRX, 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:

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

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

