

BRADY, MARTZ & ASSOCIATES, P.C.
P.O. BOX 14296
GRAND FORKS, ND 58208-4296

NORTH COUNTRY FOOD BANK, INC.
1011 11TH AVE NE
EAST GRAND FORKS, MN 56721



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CLIENT'S COPY

BradyMartz

JANUARY 28, 2025

NORTH COUNTRY FOOD BANK, INC.
1011 11TH AVE NE
EAST GRAND FORKS, MN 56721

NORTH COUNTRY FOOD BANK, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2023 FORM 990

2023 MINNESOTA ANNUAL REPORT

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

SINCERELY,



BRADY, MARTZ & ASSOCIATES, P.C.
ASHLEY ENGEL

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2024

PREPARED FOR:

NORTH COUNTRY FOOD BANK, INC.
1011 11TH AVE NE
EAST GRAND FORKS, MN 56721

PREPARED BY:

BRADY, MARTZ & ASSOCIATES, P.C.
P.O. BOX 14296
GRAND FORKS, ND 58208-4296

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024

B Check if applicable: C Name of organization: NORTH COUNTRY FOOD BANK, INC. D Employer identification number: ** - *** 9758
E Telephone number: (218) 281-7356
G Gross receipts \$: 14,126,441.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: WWW.NORTHCOUNTRYFOODBANK.ORG
K Form of organization: Corporation
L Year of formation: 1983
M State of legal domicile: MN

Part I Summary

Table with 3 main sections: Activities & Governance (rows 1-7), Revenue (rows 8-12), and Expenses (rows 13-19). Includes sub-sections for Net Assets or Fund Balances (rows 20-22).

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: SUSIE NOVAK BOELTER, EXECUTIVE DIRECTOR
Preparer: ASHLEY ENGEL, BRADY, MARTZ & ASSOCIATES, P.C.
Date: 01/28/25
Firm's EIN: ** - *** 0328

May the IRS discuss this return with the preparer shown above? See instructions 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

1 Briefly describe the organization's mission: TO REDUCE FOOD WASTE BY DISTRIBUTING UNMARKETABLE PRODUCTS TO AGENCIES THAT SERVE AND FEED THE DISADVANTAGED

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 12,794,632. including grants of \$ 9,541,361.) (Revenue \$ 2,003,241.) DISTRIBUTION OF FOOD TO MEMBER AGENCIES (OTHER NONPROFIT 501(C)(3) ORGANIZATIONS) IN THE ORGANIZATIONS SERVICE AREA, THAT SERVE LOW-INCOME INDIVIDUALS/FAMILIES AT HOMELESS SHELTERS, SOUP KITCHENS OR OTHER RELATED SERVICES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,794,632.

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 grants, compensation, tax-exempt bonds, excess benefits, and contributions.

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... 1b Enter the number of voting members included... 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 MN
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
SUSIE NOVAK BOELTER - (218) 399-7357
1011 11 AVE NE, EAST GRAND FORKS, MN 56721

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 134,371.				
	b	Membership dues	1b 4,979.				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 3,623,882.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 8,299,241.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 9,713,247.				
	h	Total. Add lines 1a-1f		12,062,473.			
	Program Service Revenue	2 a	PRODUCT SALES	Business Code 900099	1,610,789.	1,610,789.	
b		SHARED MAINTENANCE & FREIGHT CHAR	480000	391,459.	391,459.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		2,002,248.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		60,727.		60,727.
	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			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
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	OTHER INCOME	Business Code 900099	993.	993.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		993.			
12	Total revenue. See instructions		14,126,441.	2,003,241.	0.	60,727.	

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 ...	9,007,826.	9,007,826.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	533,535.	533,535.		
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	140,146.	7,007.	89,694.	43,445.
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	686,982.	549,958.	74,211.	62,813.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,155.	28,160.	5,371.	1,624.
9 Other employee benefits	79,977.	57,147.	22,830.	
10 Payroll taxes	61,636.	43,050.	10,630.	7,956.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	49,377.		49,377.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	232,931.			232,931.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	87,420.	82,354.	4,867.	199.
12 Advertising and promotion	3,935.	2,968.	967.	
13 Office expenses	65,763.	50,339.	9,647.	5,777.
14 Information technology	20,675.	11,637.	7,763.	1,275.
15 Royalties				
16 Occupancy	63,445.	46,420.	16,081.	944.
17 Travel	185,591.	172,839.	6,176.	6,576.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	441.		441.	
21 Payments to affiliates	77,318.	77,318.		
22 Depreciation, depletion, and amortization	170,582.	143,763.	24,935.	1,884.
23 Insurance	42,977.	28,558.	13,891.	528.
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 DISTRIBUTION EXPENSES	1,940,613.	1,940,613.		
b MISCELLANEOUS	21,064.	11,140.	7,984.	1,940.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	13,507,389.	12,794,632.	344,865.	367,892.
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	635,993.	1	206,897.
	2 Savings and temporary cash investments	1,080,869.	2	1,904,403.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	267,148.	4	449,226.
	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	764,261.	8	885,802.
	9 Prepaid expenses and deferred charges	61,601.	9	65,081.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,325,615.		
	b Less: accumulated depreciation	10b 1,070,946.	10c	3,254,669.
	11 Investments - publicly traded securities		11	
	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	12,870.	15	9,438.
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,223,881.	16	6,775,516.	
Liabilities	17 Accounts payable and accrued expenses	92,718.	17	151,529.
	18 Grants payable		18	
	19 Deferred revenue	543,102.	19	420,186.
	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		23	
	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	13,116.	25	9,804.
	26 Total liabilities. Add lines 17 through 25	648,936.	26	581,519.
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	5,276,864.	27	5,822,930.
	28 Net assets with donor restrictions	298,081.	28	371,067.
	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	5,574,945.	32	6,193,997.
33 Total liabilities and net assets/fund balances	6,223,881.	33	6,775,516.	

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	14,126,441.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,507,389.
3	Revenue less expenses. Subtract line 2 from line 1	3	619,052.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,574,945.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	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	6,193,997.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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?	X	
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	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization NORTH COUNTRY FOOD BANK, INC.	Employer identification number **-***9758
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9565621.	10147949.	9330925.	9955154.	12062473.	51062122.
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	9565621.	10147949.	9330925.	9955154.	12062473.	51062122.
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)						7321195.
6 Public support. Subtract line 5 from line 4.						43740927.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	9565621.	10147949.	9330925.	9955154.	12062473.	51062122.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,598.	3,416.		34,063.	60,727.	99,804.
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.)	946.	13,359.	3,138.	2,156.	993.	20,592.
11 Total support. Add lines 7 through 10						51182518.
12 Gross receipts from related activities, etc. (see instructions)					12	8,154,093.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	85.46 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	85.71 %
16a 33 1/3% support test - 2023. 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 - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. 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 - 2022. 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"/>

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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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.)

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

NORTH COUNTRY FOOD BANK, INC.

Employer identification number

**** - *** 9758**

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).

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

Schedule B (Form 990) (2023)

Name of organization NORTH COUNTRY FOOD BANK, INC.	Employer identification number ** - ***9758
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,968,760.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>2,971,857.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,083,965.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>395,328.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>1,328,981.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>888,469.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTH COUNTRY FOOD BANK, INC.	Employer identification number ** - ***9758
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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
7	<hr/> <hr/> <hr/>	\$ <u>431,980.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>278,064.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>324,502.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTH COUNTRY FOOD BANK, INC.	Employer identification number ** - ***9758
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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
<u>1</u>	FOOD AND PRODUCT BASED ON POUNDS RECEIVED _____ _____ _____	\$ <u>1,892,260.</u>	<u>09/30/24</u>
<u>2</u>	FOOD AND PRODUCTS BASED ON POUNDS RECEIVED _____ _____ _____	\$ <u>2,800,567.</u>	<u>09/30/24</u>
<u>3</u>	FOOD AND PRODUCTS BASED ON POUNDS RECEIVED _____ _____ _____	\$ <u>1,083,965.</u>	<u>09/30/24</u>
<u>4</u>	FOOD AND PRODUCTS BASED ON POUNDS RECEIVED _____ _____ _____	\$ <u>395,328.</u>	<u>09/30/24</u>
<u>5</u>	FOOD AND PRODUCTS BASED ON POUNDS RECEIVED _____ _____ _____	\$ <u>1,328,981.</u>	<u>09/30/24</u>
<u>6</u>	FOOD AND PRODUCTS BASED ON POUNDS RECEIVED _____ _____ _____	\$ <u>888,469.</u>	<u>09/30/24</u>

Name of organization NORTH COUNTRY FOOD BANK, INC.	Employer identification number ** - ***9758
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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
7	FOOD AND PRODUCTS BASED ON POUNDS RECEIVED _____ _____ _____	\$ <u>431,980.</u>	<u>09/30/24</u>
8	FOOD AND PRODUCTS BASED ON POUNDS RECEIVED _____ _____ _____	\$ <u>278,064.</u>	<u>09/30/24</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization NORTH COUNTRY FOOD BANK, INC.	Employer identification number ** - *** 9758
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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 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

2023

Open to Public Inspection

Name of the organization: NORTH COUNTRY FOOD BANK, INC. Employer identification number: ** - *** 9758

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(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structure, and non-certified historic structure), 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 in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 in 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - 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? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| 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		182,200.		182,200.
b Buildings		2,915,693.	324,142.	2,591,551.
c Leasehold improvements		296,088.	46,669.	249,419.
d Equipment		931,634.	700,135.	231,499.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,254,669.

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, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 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, line 15, col. (B))	

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) FINANCE LEASE OBLIGATION	9,804.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	9,804.

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	14,126,441.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	14,126,441.
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	14,126,441.

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	13,507,389.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	13,507,389.
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	13,507,389.

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 X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 209.05 OF THE MINNESOTA INCOME TAX ACT ON EXEMPT PURPOSE INCOME. IT IS THE OPINION OF MANAGEMENT THAT THE ORGANIZATION HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO CHANGE UPON EXAMINATION. THE FEDERAL INCOME TAX RETURNS OF THE ORGANIZATION ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. TAX RETURNS FOR THE YEARS ENDED 2021 AND FORWARD REMAIN OPEN FOR EXAMINATION.

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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RKD ALPHA DOG

(I) ADDRESS OF FUNDRAISER: 8001 SOUTH 13TH STREET, LINCOLN, NE 68512

(I) NAME OF FUNDRAISER: BIG PICTURE UNLIMITED, INC

(I) ADDRESS OF FUNDRAISER: PO BOX 814, GRAND RAPIDS, MN 55744

**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

2023

**Open to Public
Inspection**

Name of the organization **NORTH COUNTRY FOOD BANK, INC.** Employer identification number **** - *** 9758**

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
BEMIDJI COMMUNITY FOOD SHELF PO BOX 3118 BEMIDJI, MN 56619	** - *** 4430	501(C)(3)	0.	352,987.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
OUTREACH FOOD SHELF 1205 LAKE ST ALEXANDRIA, MN 56308	** - *** 6435	501(C)(3)	0.	218,946.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
BECKER COUNTY FOOD PANTRY 1308 ROSSMAN AVE DETROIT LAKES, MN 56501	** - *** 2912	501(C)(3)	0.	179,473.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
HUBBARD COUNTY FOOD SHELF 308 PLEASANT AVE S PARK RAPIDS, MN 56470	** - *** 9751	501(C)(3)	0.	142,989.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
THE BRIDGE PANTRY PO BOX 7 PERHAM, MN 56573	** - *** 7960	501(C)(3)	0.	123,638.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
THIEF RIVER FALLS AREA FOOD SHELF PO BOX 802 THIEF RIVER FALLS, MN 56701	** - *** 4242	501(C)(3)	0.	114,018.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **46.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

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
RED LAKE FOOD SHELF 15816 MAIN AVE RED LAKE, MN 56671	**-***6617	501(C)(3)	0.	94,630.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
STEVENS COUNTY FOOD SHELF 701 IOWA AVE MORRIS, MN 56267	**-***9830	501(C)(3)	0.	81,195.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
EAST GRAND FORKS FOOD SHELF 1715 3RD AVE NW EAST GRAND FORKS, MN 56721	**-***4049	501(C)(3)	0.	76,179.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
CLEARWATER FOOD SHELF 114 MAIN AVE N BAGLEY, MN 56621	**-***6857	501(C)(3)	0.	65,450.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
NEW HOPE FOOD SHELF 220 E 3RD ST CROOKSTON, MN 56716	**-***0222	501(C)(3)	0.	56,014.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
RED LAKE FALLS COMMUNITY FOOD SHELF - 15475 110TH AVE SW - RED LAKE FALLS, MN 56750	**-***8278	501(C)(3)	0.	36,612.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
PELICAN RAPIDS COMMUNITY FOOD SHELF - PO BOX 592 - PELICAN RAPIDS, MN 56572	**-***1403	501(C)(3)	0.	35,807.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
LOAVES & FISHES FOOD SHELF PO BOX 152 FOSSTON, MN 56542	**-***8278	501(C)(3)	0.	35,378.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
LAKE OF THE WOODS FOOD SHELF PO BOX 928 BAUDETTE, MN 56623	**-***6138	501(C)(3)	0.	32,932.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSEAU AREA FOOD SHELF 108 3RD AVE SE ROSEAU, MN 56751	**-***0848	501(C)(3)	0.	30,373.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
AKELEY COMMUNITY FOOD SHELF 6 BROADWAY ST E AKELEY, MN 56433	**-***7564	501(C)(3)	0.	29,845.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
BATTLE LAKE FOOD SHELF PO BOX 352 BATTLE LAKE, MN 56515	**-***6700	501(C)(3)	0.	29,286.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
CLIMAX PARISH FOOD SHELF 104 W BROADWAY CLIMAX, MN 56523	**-***8278	501(C)(3)	0.	27,690.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
MENAHA FOOD SHELF PO BOX 243 MENAHA, MN 56464	**-***2757	501(C)(3)	0.	24,554.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
FERGUS FALLS COMMUNITY FOOD SHELF 1512 1ST AVE N FERGUS FALLS, MN 56538	**-***8108	501(C)(3)	0.	23,323.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
VERNDALE AREA FOOD SHELF 402 NE CLARK DR VERNDALE, MN 56481	**-***7787	501(C)(3)	0.	22,752.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
NEW YORK MILLS AREA FOOD SHELF PO BOX 323 NEW YORK MILLS, MN 56567	**-***8771	501(C)(3)	0.	22,379.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
CORNERSTONE FOOD PANTRY PO BOX 489 HALLOCK, MN 56728	**-***8278	501(C)(3)	0.	21,957.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRANDQUIST FOOD SHELF 16023 390TH ST NW STRANDQUIST, MN 56758	**_***7565	501(C)(3)	0.	19,374.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
WARROAD FOOD PANTRY PO BOX 153 WARROAD, MN 56763	**_***6617	501(C)(3)	0.	18,260.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
HENNING COMMUNITY FOOD SHELF 604 2ND ST HENNING, MN 56551	**_***7373	501(C)(3)	0.	17,109.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
WARREN EMERGENCY FOOD SHELF PO BOX 144 WARREN, MN 56762	**_***0373	501(C)(3)	0.	16,877.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
VALLEY FOOD SHELF OF ADA 3218 210TH AVE ADA, MN 56510	**_***8278	501(C)(3)	0.	16,810.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
GRANT COUNTY FOOD SHELF PO BOX 431 ELBOW LAKE, MN 56531	**_***1639	501(C)(3)	0.	16,804.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
HELPING HANDS EMERGENCY FOOD SHELF PO BOX 182 MAHNOMEN, MN 56557	**_***6426	501(C)(3)	0.	16,380.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
POPE COUNTY HEARTS & HANDS FOOD SHELF - PO BOX 32 - GLENWOOD, MN 56334	**_***0609	501(C)(3)	0.	15,480.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
GRACE COMMUNITY FOOD SHELF PO BOX 204 ERSKINE, MN 56535	**_***8278	501(C)(3)	0.	14,996.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER OF HUMAN ENVIRONMENT 2425 230TH AVE MAHNOMEN, MN 56571	**_***9903	501(C)(3)	0.	14,568.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
SEBEKA AREA FOOD SHELF PO BOX 188 SEBEKA, MN 56477	**_***7731	501(C)(3)	0.	14,412.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
FERTILE-BELTRAMI FOOD SHELF 101 S MILL ST FERTILE, MN 56540	**_***3067	501(C)(3)	0.	12,633.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
PROJECT SHARE OF WADENA 205 ALDRICH AVE SE WADENA, MN 56482	**_***7382	501(C)(3)	0.	12,398.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
LAPORTE FOOD SHELF 150 2ND ST N LAPORTE, MN 56461	**_***6412	501(C)(3)	0.	10,709.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
INTER-COUNTY COMMUNITY COUNCIL FOOD SHELF - P O BOX 189 - OKLEE, MN 56742	**_***8083	501(C)(3)	0.	10,451.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
HANNAHRAYS FOOD PANTRY 106 MAIN ST LAKE BRONSON, MN 56734	**_***5797	501(C)(3)	0.	9,718.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
ARGYLE AREA FOOD SHELF 511 3RD ST ARYGLE, MN 56713	**_***6617	501(C)(3)	0.	9,558.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
TRAVERSE COUNTY FOOD SHELF 505 8TH ST N WHEATON, MN 56296	**_***1811	501(C)(3)	0.	9,305.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOFFMAN-KENSINGTON FOOD SHELF PO BOX 150 KENSINGTON, MN 56343	**-***8278	501(C)(3)	0.	8,170.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
BROWNS VALLEY FOOD SHELF 406 OAK ST SE BROWNS VALLEY, MN 56219	**-***4808	501(C)(3)	0.	7,641.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
THE REFUGE 921 8TH ST SE DETROIT LAKES, MN 56501	**-***0395	501(C)(3)	0.	6,076.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS
WHITE EARTH FOOD SHELF 2531 310TH AVE NAYTAHWAUSH, MN 56557	**-***7979	TRIBAL GOVERNMEN	0.	5,823.	FMV	FOOD DISTRIBUTION	TO PROVIDE FOOD DISTRIBUTION AT REDUCED COST TO QUALIFIED NON PROFIT PROGRAMS

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
FOOD BOXES (CSFP)	1502	0.	533,535.	ESTIMATED FAIR VALUE	FOOD DISTRIBUTION TO QUALIFIED SENIORS

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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

NORTH COUNTRY FOOD BANK, INC.

Employer identification number

**** - *** 9758**

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				
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	67	9,713,247.	USDA VALUE AND POUND
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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?
 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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023

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, PART I, COLUMN (B)

TOTAL NUMBER OF INDIVIDUALS AND ORGANIZATIONS THAT CONTRIBUTED.

Multiple horizontal lines for data entry.

**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

2023

Open to Public
Inspection

Name of the organization

NORTH COUNTRY FOOD BANK, INC.

Employer identification number

-*9758

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE DISADVANTAGED

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

ORGANIZATION PRESENTS 990 TO BOARD DURING BOARD MEETING FOR APPROVAL PRIOR
TO TRANSMITTAL TO IRS.

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

CONFLICT OF INTEREST POLICIES ARE UPDATED ANNUALLY AND REVIEWED BY BOARD.
POLICY REQUIRES MEMBERS TO UPDATE POLICY SOONER IF ANY CHANGES HAVE
DEVELOPED.

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

BOARD HAS SUBCOMMITTEE THAT PERFORMS ANNUAL EVALUATION OF EXECUTIVE
DIRECTOR AND MAKES COMPENSATION RECOMMENDATIONS TO BOARD FOR APPROVAL.
EVALUATION INFORMATION IS RETAINED BY BOARD AND IS PART OF DIRECTORS
PERSONNEL FILE.

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

NORTH COUNTRY FOOD BANK, INC. WILL FURNISH ITS GOVERNING DOCUMENTS,
POLICIES AND FINANCIAL STATEMENTS TO INDIVIDUALS UPON REQUEST. THE AUDITED
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

PART XII, LINE 2C

OVERSIGHT PROCESS OF THE AUDIT AND SELECTION PROCESS OF THE INDEPENDENT
AUDITORS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING
SEPTEMBER 30, 2024

PREPARED FOR:

NORTH COUNTRY FOOD BANK, INC.
1011 11TH AVE NE
EAST GRAND FORKS, MN 56721

PREPARED BY:

BRADY, MARTZ & ASSOCIATES, P.C.
P.O. BOX 14296
GRAND FORKS, ND 58208-4296

AMOUNT OF TAX:

BALANCE DUE OF \$25

MAKE CHECK PAYABLE TO:

STATE OF MINNESOTA

MAIL TAX RETURN TO:

MINNESOTA ATTORNEY GENERALS OFFICE
CHARITIES DIVISION
445 MINNESOTA STREET, SUITE 1200
ST. PAUL, MN 55101-2130

RETURN MUST BE MAILED ON OR BEFORE:

APRIL 15, 2025

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

INCLUDE THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER
AND 2023 ANNUAL REPORT ON THE CHECK OR MONEY ORDER.

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

C2

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information

Legal Name of Organization NORTH COUNTRY FOOD BANK, INC.

Federal EIN: **-***9758

Fiscal Year-End: 09302024

mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address: <u>SUSIE NOVAK BOELTER</u> Contact Person <u>1011 11TH AVE NE</u> Street Address <u>EAST GRAND FORKS, MN 56721</u> City, State, and ZIP Code <u>(218) 281-7356</u> Phone Number <u>SUSIE@NORTHCOUNTRYFOODBANK.ORG</u> Email Address	Physical Address: <u>SUSIE NOVAK BOELTER</u> Contact Person <u>1011 11TH AVE NE</u> Street Address <u>EAST GRAND FORKS, MN 56721</u> City, State, and ZIP Code <u>(218) 281-7356</u> Phone Number <u>SUSIE@NORTHCOUNTRYFOODBANK.ORG</u> Email Address
---	--

1. Organization's website: WWW.NORTHCOUNTRYFOODBANK.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

_____ Alternate Former
_____ Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).
NORTH COUNTRY FOOD BANK

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 6,741,089.

6. Has the organization's tax-exempt status with the IRS changed?
 Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
 Yes No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
If yes, provide the following information for each (attach list if more space is needed): **SEE STATEMENT 2**

RKD ALPHA DOG **209,931.**
Name of Professional Fundraiser Compensation
8001 SOUTH 13TH STREET **LINCOLN, NE 68512**
Street Address City, State, and ZIP Code

10. Is the organization a food shelf? Yes No
If yes, is the organization required to file an audit? Yes, audit attached No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
SUSIE NOVAK BOELTER EXECUTIVE DIRECTOR	104,010.	31,160.

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

12. A full list of the organization's board of directors, including names, addresses, and total compensation paid to each (attach list if more space is needed).

SEE STATEMENT 1

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

13. A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers. (Attach list if more space is needed.)

BREMER BANK	701-795-4500
<u>3100 S COLUMBIA ROAD, GRAND FORKS, ND 58201</u>	
FRANSEN BANK & TRUST	218-773-2451
<u>1413 CENTRAL AVE NW, EAST GRAND FORKS, MN 56721</u>	

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ <u>8,438,591.</u> 1
2. Government Grants	\$ <u>3,623,882.</u> 2
3. Program Service Revenue	\$ <u>2,002,248.</u> 3
4. Other Revenue	\$ <u>61,720.</u> 4
5. TOTAL INCOME	\$ <u>14,126,441.</u> 5

EXPENSES

6. Program Expenses	\$ <u>12,794,632.</u> 6
7. Management & General Expenses	\$ <u>344,865.</u> 7
8. Fund-raising Expenses	\$ <u>367,892.</u> 8
9. TOTAL EXPENSES	\$ <u>13,507,389.</u> 9
10. EXCESS or DEFICIT	\$ <u>619,052.</u> 10
(Line 5 minus Line 9)	

ASSETS

11. Cash	\$ <u>2,111,300.</u> 11
12. Land, Buildings & Equipment	\$ <u>3,254,669.</u> 12
13. Other Assets	\$ <u>1,409,547.</u> 13
14. TOTAL ASSETS	\$ <u>6,775,516.</u> 14

LIABILITIES

15. Accounts Payable	\$ <u>151,529.</u> 15
16. Grants Payable	\$ _____ 16
17. Other Liabilities	\$ <u>429,990.</u> 17
18. TOTAL LIABILITIES	\$ <u>581,519.</u> 18

FUND BALANCE/NET WORTH

	\$ <u>6,193,997.</u>
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(Line 14 minus Line 18)

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.	9,007,826.	9,007,826.		
2. Grants and other assistance to individuals in the U.S.	533,535.	533,535.		
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees	140,146.	7,007.	89,694.	43,445.
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	686,982.	549,958.	74,211.	62,813.
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	35,155.	28,160.	5,371.	1,624.
9. Other employee benefits	79,977.	57,147.	22,830.	
10. Payroll taxes	61,636.	43,050.	10,630.	7,956.
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting	49,377.		49,377.	
d. Lobbying				
e. Professional fundraising services	232,931.			232,931.
f. Investment management fees				
g. Other	87,420.	82,354.	4,867.	199.
12. Advertising and promotion	3,935.	2,968.	967.	
13. Office expenses	65,763.	50,339.	9,647.	5,777.
14. Information technology	20,675.	11,637.	7,763.	1,275.
15. Royalties				
16. Occupancy	63,445.	46,420.	16,081.	944.
17. Travel	185,591.	172,839.	6,176.	6,576.
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest	441.		441.	
21. Payments to affiliates	77,318.	77,318.		
22. Depreciation, depletion, and amortization	170,582.	143,763.	24,935.	1,884.
23. Insurance	42,977.	28,558.	13,891.	528.
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a. BAD DEBT				
b. DISTRIBUTION EXPENSES	1,940,613.	1,940,613.		
c. MISCELLANEOUS	21,064.	11,140.	7,984.	1,940.
d.				
25. Total functional expenses. Add lines 1 through 24d	13,507,389.	12,794,632.	344,865.	367,892.
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

EXECUTIVE DIRECTOR _____ (Title) and _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

_____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20 ____, approving the contents of the document, and do hereby certify that the

_____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the

organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

SUSIE NOVAK BOELTER _____

Name (Print)

Signature

EXECUTIVE DIRECTOR _____

Title

Date

Name (Print)

Signature

Title

Date

ANNUAL REPORT
INITIAL REGISTRATION

BOARD OF DIRECTORS

STATEMENT 1

NAME AND ADDRESS	COMPENSATION
JILL FRITEL	0.
KRISTINA KAML	0.
BETH NELSON	0.
KAYLA WINKLER	0.
BRIAN LARSON	0.
DIANE BLAIR	0.
JOHN LEIKNESS	0.

ANNUAL REPORT
INITIAL
REGISTRATION

PROFESSIONAL FUNDRAISER INFORMATION

STATEMENT 2

NAME: BIG PICTURE UNLIMITED, INC
ADDRESS: PO BOX 814
CITY/STATE/ZIP: GRAND RAPIDS, MN 55744
COMPENSATION: 23,000.