BRADY, MARTZ AND ASSOCIATES, P.C. 117 S. BROADWAY CROOKSTON, MN 56716

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

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CLIENT'S COPY



MARCH 22, 2022

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 2020 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2020 FORM 990

2020 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,

ASHLEY ENGEL

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

SEPTEMBER 30, 2021

PREPARED FOR:

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

PREPARED BY:

BRADY, MARTZ AND ASSOCIATES, P.C. 117 S. BROADWAY CROOKSTON, MN 56716

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 RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY AUGUST 15, 2022

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning OCT 1 , 2020, and ending SEP 30	20 2 1	0000
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 	, 20 <u>2 1</u>	2020
Name of exempt organization		Taxpayer	identification number
	FOOD BANK, INC.	41-1	459758
Name and title of officer or pe	•		
EXECUTIVE DIR			
	Return and Return Information (Whole Dollars Only)		
check the box on line 1a , blank, then leave line 1b , a return, then enter -0- on th	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fro 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you ente e applicable line below. Do not complete more than one line in Part I.	this form v red -0- on t	vas he
1a Form 990 check here			
2a Form 990-EZ check h 3a Form 1120-POL check			
4a Form 990-PF check h			
5a Form 8868 check here			
6a Form 990-T check he			
7a Form 4720 check her			
(name of organization)	I declare that X I am an officer of the above organization or I am a person sub , (EIN), (EIN),	-	-
I consent to allow my inter to receive from the IRS (a) processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	e. I further declare that the amount in Part I above is the amount shown on the copy of the mediate service provider, transmitter, or electronic return originator (ERO) to send the ret an acknowledgement of receipt or reason for rejection of the transmission, (b) the reaso fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its d nic funds withdrawal (direct debit) entry to the financial institution account indicated in the efederal taxes owed on this return, and the financial institution to debit the entry to this the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior thorize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a as my signature for the electronic return and, if applicable, the consent to electronic fun	urn to the I on for any c esignated I ne tax prepa account. To to the payr axes to rece personal	RS and lelay in Financial aration o revoke nent sive
X Lauthorize BR	ADY, MARTZ AND ASSOCIATES, P.C.	to enter m	v PIN 99758
	ERO firm name		Enter five numbers, but
a state agency(i PIN on the retur As an officer or electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return that a es) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme n's disclosure consent screen. Derson subject to tax with respect to the organization, I will enter my PIN as my signature ad return. If I have indicated within this return that a copy of the return is being filed with a ies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co	e on the tax	IO to enter my year 2020 ncy(ies)
Signature of officer or person subje	to tax tion and Authentication	Dat	e 🕨
	ur six-digit electronic filing identification		
	your five-digit self-selected PIN. 45037133839 Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicat eturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informa siness Returns.		
ERO's signature 🕨 BRAD	Y, MARTZ & ASSOCIATES, P.C. Date ► 03/	22/22	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	
LHA For Paperwork Rec	luction Act Notice, see instructions.		Form 8879-EO (2020)
023051 11-03-20			

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpaye	ridentificatio	on number (TIN)
print	NORTH COUNTRY FOOD BANK, IN	IC.			41-14	59758
File by the due date fo filing your return. See			ions.			
instructions	City, town or post office, state, and ZIP code. For a for EAST GRAND FORKS, MN 56721		ress, see instructions.			
Enter the	e Return Code for the return that this application is for (file	e a separat	e application for each return)			
Applicat	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
 If this box 1 Ir th b 	organization does not have an office or place of business is for a Group Return, enter the organization's four digit (Group Exe and atta AUGU anization's	mption Number (GEN) ch a list with the names and TINs of ST 15, 2022 , to file return for: d ending SEP 30, 2021	f this is fo all memb	r the whole ers the exte npt organiza 	group, check this
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
es	timated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by			
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	9-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form	8868 (Rev. 1-2020)

023841 04-01-20

					AUGUST				-	
	Ω	00	Return of Org	anizatio	on Exem	npt F	From I	ncome Tax	ŀ	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or						ons)	2020
_			Do not enter soci	ial security n	umbers on thi	s form	as it may	be made public.	r	Open to Public
		of the Treasury nue Service	Go to www.irs.	.gov/Form990		ons and	d the lates			Inspection
AF	or th	e 2020 calend	lar year, or tax year beginning	ОСТ 1,	, 2020	and	ending	<u>SEP 30, 2021</u>		
	heck if pplicab	le: C Name o	f organization					D Employer identif	ficatio	on number
	Addre	ge NORT	H COUNTRY FOOD B	ANK, IN	c.			_		
	Name chang Initial	be Doing b	usiness as					41-14597	/58	
	return Final return	1011	r and street (or P.O. box if mail is no. 11TH AVE NE	ot delivered to s	street address)		Room/suite			7356
	termir ated ∖Amen	City or t	own, state or province, country,		reign postal co	de		G Gross receipts \$		11,453,159.
	_return]Applie	EASI	GRAND FORKS, MN			T (1) T) T	-	H(a) Is this a group		
	_tion pendi		nd address of principal officer: S				x 5672	for subordinate		
		empt status:	11TH AVE NE, EAS					H(b) Are all subordinates		
			X 501(c)(3) 501(c) (NORTHCOUNTRYFOOD)◀ (inser		7(a)(1)	or 52			See instructions
			X Corporation Trust	Association	Other D		I Voo	H(c) Group exempting of formation: 1983		
Pa	irt I	Summary							IVI Sla	ite of legal domicile. PIIN
	1		be the organization's mission or n		at activities. T	'O R	EDUCE	FOOD WASTE	BY	
e	•	DTSTRTR	UTING UNMARKETAB			AGE	NCTES	THAT SERVE	AN	D FEED
าลท	2	Check this bo						e than 25% of its net as		
Governance	3		ting members of the governing b			-		3	1	8
ŝ	4		dependent voting members of the		,				_	8
کە م	5		of individuals employed in calend						_	13
Activities &	6		of volunteers (estimate if necess						_	255
cti∕			d business revenue from Part VII							0.
Ā			business taxable income from Fe						<u>,</u>	0.
					ł			Prior Year		Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)					9,565,620.	,	10,147,949.
nu	9	Program servi	ice revenue (Part VIII, line 2g)					1,576,905.		1,288,435.
Revenue	10	Investment in	come (Part VIII, column (A), lines	3, 4, and 7d)				5,098.		3,416.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6c	i, 8c, 9c, 10c,	and 11e)			946.		13,359.
	12	Total revenue	- add lines 8 through 11 (must ed	qual Part VIII,	column (A), lin	e 12)		11,148,569.		11,453,159.
	13	Grants and si	milar amounts paid (Part IX, colu	mn (A), lines 1	-3)			5,603,251.	_	6,359,288.
			to or for members (Part IX, colum					0.		0.
ŝ	15		r compensation, employee benef			-		659,112.	·	725,063.
Expenses	16a		undraising fees (Part IX, column (L	141,221.	·	157,102.
ad x	b		ing expenses (Part IX, column (D			2,9	78.			
ш	11		es (Part IX, column (A), lines 11a-					3,216,233.		3,004,423.
	18		es. Add lines 13-17 (must equal P					9,619,817.		<u>10,245,876.</u>
	19	Revenue less	expenses. Subtract line 18 from	line 12	<u></u>			1,528,752.		1,207,283.
s or							В	eginning of Current Year		End of Year
sset	20						······ –	5,785,520.		5,720,225.
Net Assets or - und Balances	21							1,922,199.		649,621.
	22 Irt II	Net assets or Signature	fund balances. Subtract line 21 f	rom line 20				3,863,321.	<u> </u>	5,070,604.
		-		- بالدياموا معريا		obod	o ond -1-1	anto and to the best of		wladge and helief it :-
			I declare that I have examined this re						IY KNO\	wieuge and belief, it is
truë,	corre	ci, and complete	Declaration of preparer (other than o	unicer) is based	u on an informati	UT UT WI	nich prepare	r nas any knowledge.		
Sia		Signatur	e of officer					Date		

Oigii	, .		
Here	SUSIE NOVAK BOELTER, E	XECUTIVE DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	ASHLEY ENGEL	ASHLEY ENGEL	03/22/22 self-employed P01220321
Preparer	Firm's name 🕒 BRADY, MARTZ ANI	ASSOCIATES, P.C.	Firm's EIN 🕨 45-0310328
Use Only	Firm's address 🕨 117 S. BROADWAY		
	CROOKSTON, MN 56	5716	Phone no. (218) 281-3789
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form 990 (2020)
a		AUTON MEGGEON GUADNE	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	NORTH COUNTRY FOOD BANK, INC.	41-1459758 Page	2
Par	rt 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 PRODUC	TO TO ACTNCIES	
	THAT SERVE AND FEED THE DISADVANTAGED	15 IO AGENCIES	—
			_
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X No	o
•	If "Yes," describe these new services on Schedule O.	Yes X N	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		D
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	
	revenue, if any, for each program service reported.	- · · ·	
4a			_)
	DISTRIBUTION OF FOOD TO MEMBER AGENCIES (OTHER NONPROFIT		
	ORGANIZATIONS) IN THE ORGANIZATIONS SERVICE AREA, THAT S INDIVIDUALS/FAMILIES AT HOMELESS SHELTERS, SOUP KITCHENS	OP OUTER	
	RELATED SERVICES.	OR OTHER	—
	KEDATED BERVICED.		—
			—
			_
			—
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	
-10		μeφ	- '
			—
			—
			_
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	_)
			—
			_
			—
			—
			—
4d	Other program services (Describe on Schedule O.)		—
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 9,618,789.		
		Form 990 (202	20)
032002	2 12-23-20 3		
	J		

Form	990	(2020)

 Form 990 (2020)
 NORTH COUNTRY FOOD BANK, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
~	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
d		11a	x	
h	Part VI	<u> 11a</u>		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		T	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
032003	12-23-20	Form	990 (2020)

4

032003 12-23-20

Form	aan	(2020)
FUIII	990	(2020)

 Form 990 (2020)
 NORTH COUNTRY FOOD BANK, INC.
 41-1459758
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
 Con

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>	- 31		- 23
32		32		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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	5			

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 13		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		- 23
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua		6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	04		
D.	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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NORTH COUNTRY FOOD BANK, INC.

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

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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. X

	Enter the number of voting members of the governing body at the end of the tax year	1a	81			
	If there are material differences in voting rights among members of the governing body, or if the governing					
I	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
(officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
(of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		1		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or				
r	more members of the governing body?		7	а		Х
b /	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or				
ŗ	persons other than the governing body?		7	b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?		8	а	X	
	Each committee with authority to act on behalf of the governing body?			b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes, " provide the names and addresses on Schedule O		9	9		х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
				Y	/es	No
10a	Did the organization have local chapters, branches, or affiliates?		1			Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	• • •	1	Db		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body				x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		··· F			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		19	2a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$		····· ⊢"			
	in Schedule O how this was done	,	4	2c	x	
					X	
	Did the organization have a written whistleblower policy?				X	
	Did the organization have a written document retention and destruction policy?		······ -'	4	<u>~</u>	
	Did the process for determining compensation of the following persons include a review and approva	r by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-	x	
	The organization's CEO, Executive Director, or top management official				^	х
	Other officers or key employees of the organization			5b		Δ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				v
	taxable entity during the year?			ba 🛛		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	• •				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
	exempt status with respect to such arrangements?		10	6b		
	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MN$					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (Section 50	1(c)(3)s or	nly) av	/ailab	le
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule O)				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest polic	cy, and fin	ancia	al	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records				
-	SUSIE NOVAK BOELTER - (218)399-7357					
	1011 11 AVE NE, EAST GRAND FORKS, MN 56721					
	12-23-20 7		F	orm 9	990 (20

<u>Form 990 (2020)</u>	NORTH COUNTRY	FOOD BANK,	INC.	41-1459758	Page 1					
Part VII Com	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Empl	loyees, and Independent Contra	actors								
Check	if Schedule O contains a response or no	te to any line in this	Part VII							
Section A. Office	ers, Directors, Trustees, Key Employee	es, and Highest Cor	pensated Em	ployees						
1a Complete this	table for all persons required to be listed.	. Report compensatio	on for the caler	ndar year ending with or within the organization	's tax year.					
 List all of the 	e organization's current officers, directors	s, trustees (whether	ndividuals or o	organizations), regardless of amount of compension	sation.					

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	nd a d I	irecto	r/trus [.]	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	trustee or director	-VV) trust trust		(W-2/1099-MISC)		organization			
	organizations below	ual tr	ional	ional ploye ee				and related organizations		
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SUSIE NOVAK BOELTER	40.00				-					
EXECUTIVE DIRECTOR				х				89,283.	0.	25,433.
(2) PAM KYLLO	0.50									
BOARD MEMBER		Х						0.	0.	0.
(3) DEREK MARTIN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(4) WARREN LARSON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(5) KRISTINA KAML	0.50									
BOARD MEMBER		Х						0.	0.	0.
(6) RICK JAMES	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) JILL FRITEL	0.50									
SECRETARY / TREASURER		Х		Х				0.	0.	0.
(8) ORLANDO ALAMANO	0.50									
VICE-CHAIR		Х		X				0.	0.	0.
(9) JOHN THORSON	0.50									
CHAIRPERSON		Х		X				0.	0.	0.
020007 10 02 00										Form 990 (2020)

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	m 990 (2020) NORTH COUNTRY FOOD BANK, INC. 41-1459758 Page 8												
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) (B) Name and title Average hours per week			not c , unles	C Posi heck r ss per id a di	ition more son is	than o s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Estin amo	F) nated unt of her
(list any hours for related organizations below line) Utilitered line)						Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fron organ and r	nsation n the ization elated zations
											-+		
											-+		
			-										
			-								-+		
											-+		
	Subtotal								89,283. 0.		0.	25	, <u>433.</u> 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n					<u></u>		re	89,283.	000 of reportable	0.	25	,433.
	compensation from the organization						,		,				0
3	Did the organization list any former officer,			•	•	-		Ŭ	• • •		ſ	Y	es No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	accrue compen	Isati	on fr	rom a	any	unre	late	ed organization or individ	dual for services		5	X
	tion B. Independent Contractors												
1	Complete this table for your five highest control the organization. Report compensation for the organization for t										Jensal		
T. T.T.	(A) Name and business								(B) Description of s	ervices	C	(C) ompens	ation
<u>171</u>	SETH PLUMBING AND HEAT 0 N WASHINGTON ST, GRA ES R. SANDBECK		s,	N	D	58	20	3	BUILDING REN	NOITAVC		298	,785.
122	5 11 AVE SE , EAST GRA M CARIVEAU CONSTRUCTIO						72	1	BUILDING REN	NOITAVC		295	,253.
AVE	SW, EAST GRAND FORKS,	MN 567	21					_	BUILDING REN			273	,210.
	ZAVORAL & SONS INC , 1 EAST GRAND FORKS, MN		LA	ND	R	ט 			PARKING LOT 1 AND SNOW REM			200	,324.
2	Total number of independent contractors (in	•	ot lin	nitec	d to t			ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	zation 🕨				4	Ł					Form 99	0 (2020)

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		(2020) NORTH COUNTRY	FOOD BAN	NK, INC.		41-1459	758 Page 9
Pa	rt VI						
		Check if Schedule O contains a response o	or note to any line I	e in this Part VIII (A)	(B)	(C)	D
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
S S	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	. c	b Membership dues 1b	5,350.				
n Gr	Ċ	c Fundraising events 1c					
ifts ar A	c	d Related organizations 1d					
s, G milå	e	e Government grants (contributions) 1e	2,621,835.				
r Si	f	F All other contributions, gifts, grants, and					
ibut the		similar amounts not included above 1f	7,520,764.				
d O	ç	Oncash contributions included in lines 1a-1f	7,270,319.				
Co an	ł	h Total. Add lines 1a-1f	►	10,147,949.			
			Business Code				
ice	2 a		900099	776,052.			
ervi	k		480000	512,383.	512,383.		
n S /eni	c	C					
Program Service Revenue	C	d					
Proj	e f						
-		f All other program service revenue		1,288,435.			
	3	Investment income (including dividends, interes		_ / _ ~ ~ / _ ~ ~ .			
	•	other similar amounts)		3,416.			3,416.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	r i i i i i i i i i i i i i i i i i i i				
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
	c	c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
	_	assets other than inventory 7a					
	k	b Less: cost or other basis					
venue		and sales expenses 7b c Gain or (loss) 7c					
		c Gain or (loss) 7c d Net gain or (loss)	•				
Other Re		a Gross income from fundraising events (not					
Othe	0.	including \$ of					
0		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	k	b Less: direct expenses 8b					
	c	c Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	b Less: direct expenses9b					
		c Net income or (loss) from gaming activities	····· ►				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold10b					
	0	c Net income or (loss) from sales of inventory	Business Code				
sn	44 -	a MISC. REVENUE	900099	9,338.	9,338.		
oeu	11 a	b EXPENSE REFUNDS	900099	4,021.	4,021.		
əllar ven				1,021.	1,021.		
Miscellaneous Revenue		d All other revenue					
Σ		e Total. Add lines 11a-11d		13,359.			
	12	Total revenue. See instructions		11,453,159.	1,301,794.	0.	3,416.
03200	9 12-2			·			Form 990 (2020)

NORTH COUNTRY FOOD BANK, INC. 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).

Seci	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		ł
	and domestic governments. See Part IV, line 21	6,057,465.	6,057,465.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	301,823.	301,823.		
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	117,789.	14,135.	74,207.	29,447.
6	Compensation not included above to disqualified			, _ , _ , = , 	
Ŭ	persons (as defined under section 4958(f)(1)) and				
	1000(a)(D)				
7	Other salaries and wages	450,885.	320,745.	56,708.	73,432.
8	Pension plan accruals and contributions (include	100,000.	520,7430		, , , , , , , , , , , , , , , , , , , ,
0	section 401(k) and 403(b) employer contributions)	23,829.	17,489.	4,382.	1 958
9	Other employee benefits	89,554.	66,841.	18,088.	<u>1,958.</u> 4,625.
		43,006.	26,279.	8,673.	8,054.
10 11	Payroll taxes	±3,000•	40,4130	0,075•	0,054.
	Fees for services (nonemployees):				
	Management				
b	Legal	49,305.		49,305.	
	Accounting	49,303.		49,505.	
d	, , , , , , , , , , , , , , , , , , , ,	157,102.			157,102.
e	Professional fundraising services. See Part IV, line 17	137,102.			137,102.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	10,796.	3,334.	6,993.	469.
12	Advertising and promotion	50,450.			5,005.
13	Office expenses		32,065.	13,380.	900.
14	Information technology	18,569.	965.	16,704.	900.
15	Royalties	66 705	EE 10C	8,129.	2 4 5 0
16		66,705. 132,315.	55,126.		3,450.
17	Travel	132,313.	124,267.	3,859.	4,189.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	47 140		47 140	
20	Interest	47,149.	CE 100	47,149.	
21	Payments to affiliates	65,193.	65,193.	17 550	1 500
22	Depreciation, depletion, and amortization	193,550.	174,426.	17,558.	1,566.
23	Insurance	2,358.		2,097.	261.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	0 040 000	0 040 000		
а	DISTRIBUTION EXPENSES	2,342,988.	2,342,988.		0 500
b	MISCELLANEOUS	22,913.	13,516.	6,877.	2,520.
С	BAD DEBT	2,132.	2,132.		
d					
е	All other expenses	10 045 055	0 610 500	224 100	000 070
25	Total functional expenses. Add lines 1 through 24e	10,245,876.	9,618,789.	334,109.	292,978.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				~~~
03201	0 12-23-20	11			Form 990 (2020)

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	n 990 (2 rt X	2020) NORTH COUNTRY Balance Sheet	FOOD	BANK, INC.		41-	1459758 Page 11
I U		Check if Schedule O contains a response or note	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			385,520.	1	602,631.
	2	Savings and temporary cash investments	638,064.	2	418,296.		
	3	Pledges and grants receivable, net	,	3			
	4	Accounts receivable, net			338,007.	4	138,598.
	5	Loans and other receivables from any current or				-	
	ľ	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
	ľ	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			812,990.	8	756,649.
Ass	9				33,732.	9	43,631.
-		Land, buildings, and equipment: cost or other			5577521	3	15/0510
		basis. Complete Part VI of Schedule D	102	4,326,935.			
	b	Less: accumulated depreciation		566,515.	3,577,207.	10c	3,760,420.
	11	Investments - publicly traded securities	0,0,7,20,0	11	0,,00,1200		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa			5,785,520.	16	5,720,225.
	17	Accounts payable and accrued expenses			115,326.	17	70,889.
	18	Grants payable	•	18			
	19	Deferred revenue			220,157.	19	59,328.
	20	Tax-exempt bond liabilities			•	20	
	21	Escrow or custodial account liability. Complete F				21	
6	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lida		controlled entity or family member of any of thes				22	
Ľ	23	Secured mortgages and notes payable to unrela			1,586,716.	23	519,404.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D	-			25	
	26	Total liabilities. Add lines 17 through 25			1,922,199.	26	649,621.
		Organizations that follow FASB ASC 958, che	ck here				
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions		3,346,683.	27	4,883,600.	
Bal	28	Net assets with donor restrictions	516,638.	28	187,004.		
pu		Organizations that do not follow FASB ASC 9	58, cheo	ck here 🕨 🗌			
μ		and complete lines 29 through 33.					
°, c	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,863,321.	32	5,070,604.
	33				5,785,520.	33	5,720,225.

Form 990 (2020)

_	NORTH COUNTRY FOOD BANK, INC.	41-	145975	8	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			159.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,2	45,	876.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,2	07,	283.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,8	63,	321.
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	5,0	70,	604.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. <u>X</u>
			_	Ye	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b Ž	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	cΣ	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it		
	Act and OMB Circular A-133?		3	a X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b X	
				~~~~	

Form **990** (2020)

SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(	Form	990	or	990-EZ)

# **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			
	2020			
	Open to Public Inspection			
Employer identification number				

### Name of the organization

Man					10								
Do	~+ 1	NURT.	H COUNTRY I	FOOD BANK, I					1-1459758				
Pa		Reason for Public C					see instruction	S.					
The	organ	ization is not a private found		<b>e</b> ,		,							
1		A church, convention of chu					1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).						
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed 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	X	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college				
		or university or a non-land-g				-		-	-				
		university:		( , , , , , , , , , , , , , , , , , , ,				0					
10		An organization that normal	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from				
		activities related to its exem											
		income and unrelated busir							-				
		See section 509(a)(2). (Cor		(				,					
11		An organization organized a		velv to test for public sa	fetv. See	section 50	)9(a)(4).						
12	$\square$	An organization organized a	-	•	•			rrv out the	purposes of one or				
		more publicly supported or	-	•	-			-					
		lines 12a through 12d that											
а		<b>Type I.</b> A supporting orga				-		-	aivina				
u	L	the supported organization	-		• • • •	-							
		organization. You must c			majority c				pporting				
b		<b>Type II.</b> A supporting orga			ion with it	e sunnorte	od organizatio	n(e) by bay	vina				
D.	L	control or management o	-				-		-				
		organization(s). You mus			ane perso	113 11121 00		ye ine supp	Joned				
с		Type III functionally inte	-		in connoct	tion with	and functional	ly intograte	od with				
C	L	its supported organization						ly integrate	ia with,				
d		¬ ··· •		-				tod organi	ration(a)				
u		J Type III non-functionally						-					
		that is not functionally inter-			-		-	anallenin	/eness				
		requirement (see instructi											
е		Check this box if the orga					Type I, Type	п, туре п					
	E at a	functionally integrated, or er the number of supported o				ation.							
1		vide the following information	•	d arganization(a)									
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	fmonetary	(vi) Amount of other				
	``	organization		(described on lines 1-10	in your governi Yes	ng document?	support (see ir	-	support (see instructions)				
		-		above (see instructions))	163								
Tota	l												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

#### Schedule A (Form 990 or 990-EZ) 2020 NORTH COUNTRY FOOD BANK, INC. Part II Support Schedule for Organizations Described in Sections 170(b

41-1459758 Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10916670.	14792599.	9848748.	9565621.	10147949.	<u>55271587.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10916670.	14792599.	9848748.	9565621.	10147949.	<u>55271587.</u>
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)						7324957.
	Public support. Subtract line 5 from line 4.						47946630.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	10916670.	14792599.	9848748.	9565621.	10147949.	<u>55271587.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,012.	2,814.	1,825.	1,598.	3,416.	10,665.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						55282252.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 7	,480,572.
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and sto					<u></u>	
Sec	tion C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2020 (	line 6, column (f), d	ivided by line 11, c	olumn (f))		14	86.73 %
	Public support percentage from 2019					15	81.87 %
16a	33 1/3% support test - 2020. If the	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>&gt;</b> X
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>s Þ</u>
					Sche	edule A (Form 990	) or 990-EZ) 2020

#### Schedule A (Form 990 or 990 EZ) 2020 NORTH COUNTRY FOOD BANK, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
~	the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest,						
10a	dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 th	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
	check this box and stop here	<u></u>					
Sec	tion C. Computation of Publi	<u>c Support Per</u>	centage			T T	
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2020.</b> If the	-					7 is not
	more than 33 1/3%, check this box ar	-	-				
b	33 1/3% support tests - 2019. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization of 01-25-21	n did hot check a		a, ur ibu, check t			0 or 990-EZ) 2020
03202	01-20-21		16	5	301		5 51 550-LZJ 2020

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

032024 01-25-21

9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

Yes No

17

Pa	Part IV Supporting Organizations (continued)			
			Yes	No
11	11 Has the organization accepted a gift or contribution from any of th	e following persons?		
а	a A person who directly or indirectly controls, either alone or togethe	r with persons described in lines 11b and		
	11c below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described in line 11a above?	11b		
с	c A 35% controlled entity of a person described in line 11a or 11b at	ove? If "Yes" to line 11a. 11b. or 11c. provide		
	detail in Part VI.	11c		
Sec	Section B. Type I Supporting Organizations			
			Yes	No
1	more supported organizations have the power to regularly appoint directors, or trustees at all times during the tax year? If "No," desc effectively operated, supervised, or controlled the organization's ac organization, describe how the powers to appoint and/or remove o	or elect at least a majority of the organization's officers, ribe in <b>Part VI</b> how the supported organization(s) tivities. If the organization had more than one supported fficers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any,			
2	5 1 5 1			
	organization(s) that operated, supervised, or controlled the suppor			
	Part VI how providing such benefit carried out the purposes of the			
500	supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations	2		
	Section 6. Type in Supporting Organizations			
4	• Ways a majority of the avaphization's divectors as twistoon during the		Yes	No
1	, , , 3			
	or trustees of each of the organization's supported organization(s)	,		
	or management of the supporting organization was vested in the sa	me persons that controlled or managed		
Sec	the supported organization(s). Section D. All Type III Supporting Organizations	I		
			Yes	No
1	1 Did the organization provide to each of its supported organizations	by the last day of the fifth month of the	Tes	NO
•				
	organization's tax year, (i) a written notice describing the type and			
	year, (ii) a copy of the Form 990 that was most recently filed as of the arrangements in affect on the data of patients			
~	organization's governing documents in effect on the date of notific			
2	<b>,</b>			
	organization(s) or (ii) serving on the governing body of a supported			
	the organization maintained a close and continuous working relation	nship with the supported organization(s).		

**3** By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization*'s

#### <u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	organization used to satisf	fy the Integral Part Test du	iring the year (see instruction
•	Check the box heat to the method that the	organization used to satisf	y ine iniegran ari resi uu	ining the year (occ mod dot

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

с	] The organization supported a governmental entity.	. Describe in Part VI how you supported a governmental entity (see instructions)	

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2020

3

2a

2b

3a

3b

Yes No

15430324 785000 80225

2020.05091 NORTH COUNTRY FOOD BANK, 80225_1

18

ting Organi	zations			
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
iust complete S	Sections A through E.			
	(A) Prior Year	(B) Current Year (optional)		
1				
2				
3				
4				
5				
6				
7				
8				
	(A) Prior Year	(B) Current Year (optional)		
1a				
1b				
1c				
1d				
2				
3				
4				
5				
6				
7				
8				
		Current Year		
1				
2				
3				
4				
5				
f	fying trust on N nust complete S 1 2 3 4 5 6 7 8 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1	I       (A) Prior Year         1       2         3       4         5		

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990 or 990-EZ) 2020

41-1459758 Page 6

032026 01-25-21

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	\$	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	ıs	(iii) Distributable
			Pre-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020 NORTH	COUNTRY	FOOD	BANK,	INC.	41-1459758 Pag
Part VI	Supplemental Information. P Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part 1	rovide the expla b, 4c, 5a, 6, 9a, 3; Part IV, Sectio	nations red 9b, 9c, 11 n E, lines ⁻	quired by P a, 11b, and Ic, 2a, 2b, 3	art II, line 10; Pa 11c; Part IV, Se 3a, and 3b; Part	rt II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)					
032028 01-25-2	21		-			Schedule A (Form 990 or 990-EZ) 2
			2	1		

# Identification of Excess Contributions Included on Part II, Line 5

41-1459758

### 2020

# ** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
A&L POTATO COMPANY	1,927,240.	821,595
PEATLAND REDS, INC.	6,102,290.	4,996,645
NALMART	2,479,525.	1,373,880
HUGOS	1,238,482.	132,837
Total Excess Contributions to Schedule A. Part II. Line 5		7,324,957

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# Schedule of Contributors

Attach to Form 990. Form 990-EZ. or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

er

Name of the organizat	lion	Employer identification numb
	NORTH COUNTRY FOOD BANK, INC.	41-1459758
Organization type (ch	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	dation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundatio	n
	501(c)(3) taxable private foundation	
, ,	ation is covered by the <b>General Rule</b> or a <b>Special Rule</b> .	
Note: Unly a section 5	501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a	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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

41-1459758

NORTH COUNTRY FOOD BANK, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    1</u>	SECOND HARVEST HEARTLAND 7101 WINNETKA AVE. N. BROOKLYN PARK, MN 55428	\$1,948,137.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	WALMART 702 SW 8TH ST BENTONVILLE, AR 72716	\$ <u>857,806.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	TARGET STORE 1000 NICOLLET MALL MINNEAPOLIS, MN 55403	\$320,412.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>4</u>	HUGOS 1315 S COLUMBIA RD GRAND FORKS, ND 58201	\$401,898.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	US DEPARTMENT OF TREASURY 1500 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20220	\$217,415.	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>6</u> 023452 11-25	MINNESOTA DEPARTMENT OF HUMAN SERVICES PO BOX 64951 ST. PAUL, MN 55164-0921	\$ 207 , 475 .	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

15430324 785000 80225

24 2020.05091 NORTH COUNTRY FOOD BANK,

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization	Name	of	orgar	nization
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41-1459758

NORTH COUNTRY FOOD BANK, INC.

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	CUB FOODS 2612 S BROADWAY ALEXANDRIA, MN 56308	\$314,030.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	US DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE SW WASHINGTON, DC 20250	\$7,270,319.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SANFORD HEALTH 1305 WEST 18TH STREET SIOUX FALLS, SD 57105	\$650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

15430324 785000 80225

Page 2

Schedule I	3 (Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Employer identification number

41-1459758

NORTH COUNTRY FOOD BANK, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD AND PRODUCT BASED ON POUNDS RECEIVED		
		\$\$_1,948,137.	09/30/21
(a) No. [.] om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD AND PRODUCT BASED ON POUNDS RECEIVED		
		\$\$.857,806.	09/30/21
(a) No. [.] om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD AND PRODUCT BASED ON POUNDS RECEIVED		
		\$\$20,412.	09/30/21
(a) No. Tom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	FOOD AND PRODUCT BASED ON POUNDS RECEIVED		
		\$ 401,898.	09/30/21
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	FOOD AND PRODUCT BASED ON POUNDS RECEIVED		
		\$\$.	09/30/21
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	FOOD AND PRODUCT BASED ON POUNDS RECEIVED		
-		\$2,835,276.	09/30/21

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#### 15430324 785000 80225

Page 4

lame of org	ganization				Employer identification number
IORTH	COUNTRY FOOD BANK, INC.				41-1459758
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations describe ) through (e) and the following charitable, etc., contributions of <b>\$1,</b>	line entry For o	raanizations	at total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tran	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held
		(e) Transfer	of gift		
_	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tran	sferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
	Transferee's name, address, a	(e) Transfer		elationship of tran	sferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
	Transferee's name, address, a	(e) Transfer nd ZIP + 4		elationship of tran	sferor to transferee
3454 11-25-2	20			Schedule P	3 (Form 990, 990-EZ, or 990-PF) (20)

#### 15430324 785000 80225

SCHEDULE D
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(Form	990)
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► 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.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Conservation Easement Preservation of land for public Protection of natural habitat Preservation of open space olete lines 2a through 2d if the of f the tax year. number of conservation easements acreage restricted by conservation easements of per of conservation easements i in the National Register	on Form 990, Part IV, lir during year) ng year) s and donor advisors in ect to the organization's ees, donors, and donor a he benefit of the donor of <b>nts.</b> Complete if the or ts held by the organizati use (for example, recreat organization held a qualitients tion easements on a certified historic stri	re 6. (a) Donor a writing that the ass exclusive legal con advisors in writing the or donor advisor, or ganization answere ion (check all that a ation or education)	advised ets hele hat grau for any ed "Yes pply).	d funds d in donor adv nt funds can b / other purpose " on Form 990 Preservation Preservation	ised function is the second se	b) Fun	importan	Ther account Yes	nts
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acreage restricted by conservat per of conservation easements of per of conservation easements i in the National Register	tion easements					2a	inclu at ti		
per of conservation easements of per of conservation easements i in the National Register	on a certified historic str					2b			
per of conservation easements i in the National Register						2c			
in the National Register	included in (c) acquired								
						2d			
per of conservation easements r	modified, transferred, re						during the	e tax	
•		·····g·····	-,	,,,,,,,,,,,,,,,,,,			jjj		
per of states where property sub	piect to conservation ea	sement is located	•						
the organization have a written ions, and enforcement of the co and volunteer hours devoted to	onservation easements i	t holds?						<b>Yes</b>	No Par
	nieniening, niepoeting,	narialing of violatio	ino, an	a enterening eet	liber valie	11 0400		ing the ye	
int of expenses incurred in mon	itoring, inspecting, han	dling of violations, a	and enf	orcing conserv	vation eas	sement	ts during t	the year	
each conservation easement re	eported on line 2(d) abov	ve satisfy the requir	ements	s of section 17	0(h)(4)(B)	(i)			
ection 170(h)(4)(B)(ii)?								Yes	
t XIII, describe how the organiz									
ce sheet, and include, if applica				-					
ization's accounting for conserv	vation easements.	-							
Organizations Maintair	ning Collections o	f Art, Historica	l Trea	asures, or C	Other S	imila	r Asset	S.	
Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 8	3.						
organization elected, as permit	ted under FASB ASC 95	58, not to report in i	ts reve	nue statement	and bala	ance sł	heet work	S	
, historical treasures, or other si	milar assets held for pu	blic exhibition, educ	cation,	or research in	furtherar	nce of p	public		
e, provide in Part XIII the text o	f the footnote to its fina	ncial statements the	at desc	ribes these ite	ms.				
organization elected, as permit	ted under FASB ASC 98	58, to report in its re	evenue	statement and	d balance	sheet	works of		
storical treasures, or other simil	lar assets held for public	c exhibition, educat	ion, or	research in fur	therance	of put	blic servic	ce,	
-	-								
evenue included on Form 990,	Part VIII, line 1						\$		
						-	·		
-					ial gain, p	orovide	e		
	VIII, line 1								
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nue included on Form 990, Part s included in Form 990, Part X		s for Form 990.					Schedule	e D (Form	0001 000
nue included on Form 990, Part s included in Form 990, Part X								•	990) 202
	Organizations Maintain Complete if the organization a organization elected, as permit historical treasures, or other si e, provide in Part XIII the text or organization elected, as permit storical treasures, or other simi le the following amounts relatin evenue included on Form 990, Pa organization received or held w llowing amounts required to be	Complete if the organization answered "Yes" on Form organization elected, as permitted under FASB ASC 98 historical treasures, or other similar assets held for put e, provide in Part XIII the text of the footnote to its fina organization elected, as permitted under FASB ASC 98 storical treasures, or other similar assets held for public le the following amounts relating to these items: evenue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X organization received or held works of art, historical treas lowing amounts required to be reported under FASB A uue included on Form 990, Part X is included in Form 990, Part X	<b>Organizations Maintaining Collections of Art, Historica</b> Complete if the organization answered "Yes" on Form 990, Part IV, line & organization elected, as permitted under FASB ASC 958, not to report in it historical treasures, or other similar assets held for public exhibition, educe, e, provide in Part XIII the text of the footnote to its financial statements the organization elected, as permitted under FASB ASC 958, to report in its re- storical treasures, or other similar assets held for public exhibition, educate le the following amounts relating to these items: evenue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X organization received or held works of art, historical treasures, or other similar lowing amounts required to be reported under FASB ASC 958 relating to the included on Form 990, Part VIII, line 1	Organizations Maintaining Collections of Art, Historical Treat Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Organization elected, as permitted under FASB ASC 958, not to report in its rever historical treasures, or other similar assets held for public exhibition, education, e, provide in Part XIII the text of the footnote to its financial statements that desc organization elected, as permitted under FASB ASC 958, to report in its revenue storical treasures, or other similar assets held for public exhibition, education, or le the following amounts relating to these items: evenue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X organization received or held works of art, historical treasures, or other similar as llowing amounts required to be reported under FASB ASC 958 relating to these it use included on Form 990, Part VIII, line 1 sincluded on Form 990, Part X	<b>Organizations Maintaining Collections of Art, Historical Treasures, or C</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8. organization elected, as permitted under FASB ASC 958, not to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in e, provide in Part XIII the text of the footnote to its financial statements that describes these ite organization elected, as permitted under FASB ASC 958, to report in its revenue statement and storical treasures, or other similar assets held for public exhibition, education, or research in fur le the following amounts relating to these items: evenue included on Form 990, Part VIII, line 1 ssets included in Form 990, Part X organization received or held works of art, historical treasures, or other similar assets for finance lowing amounts required to be reported under FASB ASC 958 relating to these items: uue included on Form 990, Part VIII, line 1 sincluded on Form 990, Part X interface of the form 990, Part X	<b>Organizations Maintaining Collections of Art, Historical Treasures, or Other S</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala historical treasures, or other similar assets held for public exhibition, education, or research in furtherar e, provide in Part XIII the text of the footnote to its financial statements that describes these items. Organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance storical treasures, or other similar assets held for public exhibition, education, or research in furtherance the following amounts relating to these items: evenue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X organization received or held works of art, historical treasures, or other similar assets for financial gain, p lowing amounts required to be reported under FASB ASC 958 relating to these items: uue included on Form 990, Part VIII, line 1 s included in Form 990, Part X	Organizations Maintaining Collections of Art, Historical Treasures, or Other Simila Complete if the organization answered "Yes" on Form 990, Part IV, line 8. organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sh historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of e, provide in Part XIII the text of the footnote to its financial statements that describes these items. organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet storical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public the following amounts relating to these items: evenue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X organization received or held works of art, historical treasures, or other similar assets for financial gain, provide lowing amounts required to be reported under FASB ASC 958 relating to these items: use included on Form 990, Part VIII, line 1 s included in Form 990, Part X	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asset         Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet work         historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public         e, provide in Part XIII the text of the footnote to its financial statements that describes these items.         organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of         storical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service         organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of         storical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service         le the following amounts relating to these items:         evenue included on Form 990, Part X         organization received or held works of art, historical treasures, or other similar assets for financial gain, provide         lowing amounts required to be reported under FASB ASC 958 relating to these items:         uue included on Form 990, Part X       \$         sincluded in Form 990, Part X       \$	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works         historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public         e, provide in Part XIII the text of the footnote to its financial statements that describes these items.         organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of         storical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,         le the following amounts relating to these items:         evenue included on Form 990, Part X         sets included in Form 990, Part X         forganization received or held works of art, historical treasures, or other similar assets for financial gain, provide         llowing amounts required to be reported under FASB ASC 958 relating to these items:         uue included on Form 990, Part X         is included in Form 990, Part X

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued)         3       Using the organization accusation, and other records, check any of the following that make significant use of its contrue of the organization accusation, and other records, check any of the following that make significant use of its contrue of the organization accusation of the significant use of its accusation of the organization accusation of the organization accusation of the significant use of its accusation of the organization accusation of the significant accusation of the organization accusation of the significant accusation of the organization accusa			OUNTRY FOOI						41-14	5975	8 Ра	age <b>2</b>
collection terms (check all that apply):       a       Delta exhibition       d       Loan or exchange program         b       Scholarly research       e       Other	Par	t III   Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	easures, o	r Othe	r Simila	r Assets	s (contir	nued)	
a Public exhibition during the generations development of the organization accent purpose in Part XII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization's collection? Yes' on Form 900, Part X, line 8, or reported an amount on Form 900, Part X, line 21. 1 Is the organization and year there is the organization's collection? Yes' on Form 900, Part X, line 8, or reported an amount on Form 900, Part X, line 21. 1 Is the organization and year thrustes, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 1 Is the organization and year thrustes, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 1 Is the organization and year thrustes, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 2 Both the organization include an amount on Form 900, Part X, line 21, for secret or custodial account liability? 2 Part Y Endowment FundS. Complete the organization answered 'Yes' on Form 900, Part IV, line 10. 2 Port the organization include an amount on Form 900, Part X, line 21, for secret or custodial account liability? 3 During the year 4 Beginning of year balance 4 Deform the anamount on Form 900, Part X, line 21, for secret or crustodial cocurn tiability? 3 During the year 4 Deforment FundS. Complete if the organization answered 'Yes' on Form 900, Part IV, line 10. 3 Deform the anamount on Form 900, Part X, line 21, for secret or crustodial account liability? 4 Endowment FundS. Complete if the organization answered 'Yes' on Form 900, Part IV, line 10. 4 Deforts the anamount in Part XIII (Part Chem 100, Part IV, line 10, Part V, l	3		on, and other record	s, check ar	ny of the f	following tha	t make s	ignificant ι	use of its			
b       Scholary research       e       Other         c       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, dd the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid to raise hunds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or respondent an anount on Form 990. Part X, line 21.         14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Amount         c       Beginning balance       4       Amount         c       Beginning balance       19.       Yes       No         b       If 'ves', explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII       Yes       No         b       If 'ves', explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII       Yes       No         b       If 'ves', explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII       Provide the estimated part part of the organization answered 'Yes' on Form 900, Part X, line 10.       Part Yes', the 20.         a Contributores       (a) Curu												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three 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 answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is be organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X?	а		c									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization is collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or     reported an amount on Form 980, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Is disting balance     Celling balance     Is diaditions during the year     Is difficult of the organization anowned they are     Is difficult of the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?     Yes is no     be if 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Beginning of year balance     Is degrination include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?     Is do the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?     Is do the expenditures for facilities     a do the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?     Is do the expenditures for facilities     a do the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?     Is do the expenditures for facilities     a do the organization include an amount on Form 980, Part X, line 10.     The percentages on lines 2a, 2b, and 2c should equal 100%.     So Are there endowment the soft account the organization that are held and administer	b		e	e 🗌 Ot	her							
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 asswered "Yes" on Form 900, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     The organization angement is. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or     reported an amount on Form 990, Part X, line 21.     The arrangement in Part XIII and complete the following table:	С											
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.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back if Administrative expenses       [b] Contributions         0       Not investiment earnings, gains, and losses       [c] Controbutions       [c] Controbutions         1a       Edgrinning of year balance       [b] For year       [c] Two years back       [c] For year			-	-		-			se in Part	XIII.		
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 (December 2000).       Image: Complete III (December 2000).         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete IIII (December 2000).       Image: Complete IIII (December 2000).         c       Beginning balance       Image: Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	5			-						٦		<b>1</b>
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?       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Did through year       1d         a       Did through year       1d         d       Additions during the year       1d         d       Did through year       1d         e       Did through year       1d         d       Did through year       1d         e       Did through year       1e         e       Part X       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       1e         f       Administrative expension       1d       1d         g Contributions       1d       1d       1d	Der											No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete table	Par			ete if the o	rganizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or		
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       1d         d Additions during the year       1d         e Distributions during the year       1d         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tability?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part V       Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Inter years back (e) Four years back if (e) Four years back i												
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a								_	7.4		٦
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the organization nas been provided on Part XIII       Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1b       Contributions       (d) Three years back       (e) Four years back       (e)									∟	_ Yes		] NO
c       Beginning balance       Ic         id       Id         id	a	It "Yes," explain the arrangement in Part XIII	and complete the tol	llowing tab	le:					<b>A</b>		
d Additions during the year       1d         e Distributions during the year       1d         1 Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization nas been provided on Part XIII       Pert V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         d Grants or scholarships       (a) Current year end balance       (b) Prior year       (c) Two years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         g End of year balance       (b) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Board designated or quasi-endowment >{%}       %         g End of year balance	_							4.		Amoun	τ	
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         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not there semanted the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       a         c       Term endowment \%       %       Term endowment \%       a       a(the organization balance for the organization base required on Schedule R?       a(a(t))       a(d)       a(												
f       Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (c) Two sears back       (d) Three years back       (e) Four years back         c       Cher expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         a for drainstrative expender       for do year balance       (in 19, column (a)) held as:       a back       a back       b back         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a back       a baix       b baix       a back												
b       If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year end balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         f       Administrative expenses       (a) Current year end balance (line 1g, column (a) held as:       (a) Current year end balance (line 1g, column (a) held as:         a       Board designated or quasiendowment (b)%      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       Sa       Are three endowment to in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations       (a) (ii) Age(i) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a										Vac		No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Current year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         d       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years         f       Administrative expenses       (c) Two years back       (d) Three years back       (e) Four years         g       End of year balance       (f) Administrative expenses       (f) Administrative expenses       (f) Administrative expenses       (f) Admi		-							····· ∟			
(a) Current year       (b) Prior year       (c) Two years back       (c) Ture years back	_							10.				_
1a       Beginning of year balance									/ears back	(e) Fou	r vears	back
b       Contributions	1a	Beginning of year balance	(u) our one your	()	, you		io buon	(4) 11100 ]	Jouro Buon	(0) 1 001	youro	buon
c       Net investment earnings, gains, and losses												
d Grants or scholarships												
e       Other expenditures for facilities and programs												
and programs												
f       Administrative expenses												
g End of year balance	f											
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 ▶%         (i)       Unrelated organizations         (ii)       Unrelated organizations         (iii)       Related organizations         (iii)       Related organizations         3a(ii)       3a(ii)         3b												
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         d Description of property       Is a required on Schedule R?         d Description of property       (a) Cost or other         b Buildings       2,915,693.         c Leasehold improvements       296,088.       10,621.         d Equipment       932,954.       440,015.         e Other       0       0	-	-	rent year end balance	e (line 1g, c	olumn (a	)) held as:				•		
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:	а		-									
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Accumulated inprovements</li> <li>(f) Sc (f) Sc (f) Sc (f) Sc (f) Sc (f) Sc (f) Sc</li></ul>	b			_								
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         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 (other)         b Buildings       2,915,693.         1a Land       182,200.         b Buildings       2,915,693.         115,879.       2,799,814.         c Leasehold improvements       296,088.       10,621.       285,467.         d Equipment       932,954.       440,015.       492,939.         e Other       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	с	Term endowment	%									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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. 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) buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or other (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (e) Cost or other (f) Book value (f)		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i)       Unrelated organizations       3a(i)       3a(i)         (ii)       Related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         1a       Land       182,200.       182,200.         b       Buildings       2,915,693.       115,879.       2,799,814.         c       Leasehold improvements       296,088.       10,621.       285,467.         d       Equipment       932,954.       440,015.       492,939.         e       Other       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	re held ar	nd administe	red for th	ne organiza	ation			
(ii) Related organizations       3a(ii)         3a(ii)         3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         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 (other)       (c) Accumulated depreciation         1a Land       182,200.       182,200.         b Buildings       2,915,693.       115,879.       2,799,814.         c Leasehold improvements         d Equipment         932,954.       440,015.       492,939.         e Other		by:									Yes	No
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         1a       Land       182,200.       182,200.         b       Buildings       2,915,693.       115,879.       2,799,814.         c       Leasehold improvements       296,088.       10,621.       285,467.         d       Equipment       932,954.       440,015.       492,939.         e       Other       0       0       0       0		(i) Unrelated organizations								3a(i)		
4       Describe in Part XII 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.       (c) Accumulated depreciation         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       182,200.       182,200.         b       Buildings       2,915,693.       115,879.       2,799,814.         c       Leasehold improvements       296,088.       10,621.       285,467.         d       Equipment       932,954.       440,015.       492,939.												
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         1a       Land       182,200.       182,200.         b       Buildings       2,915,693.       115,879.       2,799,814.         c       Leasehold improvements       296,088.       10,621.       285,467.         d       Equipment       932,954.       440,015.       492,939.         e       Other       0       0       0       0	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sch	edule R?					3b		
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)(c) Accumulated depreciation(d) Book value1a Land182,200.182,200.b Buildings2,915,693.115,879.2,799,814.c Leasehold improvements296,088.10,621.285,467.d Equipment932,954.440,015.492,939.e Other0000				wment fun	ds.							
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basis (investment)         basis (other)         depreciation           1a Land         182,200.         182,200.           b Buildings         2,915,693.         115,879.         2,799,814.           c Leasehold improvements         296,088.         10,621.         285,467.           d Equipment         932,954.         440,015.         492,939.			d "Yes" on Form 990	), Part IV, li			), Part X,	line 10.				
b Buildings       2,915,693.       115,879.       2,799,814.         c Leasehold improvements       296,088.       10,621.       285,467.         d Equipment       932,954.       440,015.       492,939.         e Other       0       0       0       0		Description of property			• •					<b>(d)</b> Boo	k value	e
b Buildings       2,915,693.       115,879.       2,799,814.         c Leasehold improvements       296,088.       10,621.       285,467.         d Equipment       932,954.       440,015.       492,939.         e Other       0       0       0	1a	Land										
c Leasehold improvements       296,088.       10,621.       285,467.         d Equipment       932,954.       440,015.       492,939.         e Other       0       0       0												
d Equipment         932,954.         440,015.         492,939.           e Other					29	6,088.						
e Other					93	2,954.		440,0	15.	49	2,9	39.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. column</u>	( <u>B), line 1</u>	0c.)				3,76	0,42	20.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 NORTH COUNTRY FOOD BANK, INC
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	D (Form 990) 2020			FOOD	DANK,	INC.		41-1459758	Page •
Part VII	Investments - O	ther Secur	rities.						
	Complete if the organ	nization answe	ered "Yes" on	Form 990, F	Part IV, line [.]	11b. See Form 99	90, Part X, line 12.		
(a) Descri	ption of security or catego	ry (including name	e of security)	(b) Book	value	(c) Method	of valuation: Cost	or end-of-year market v	alue
1) Financ	ial derivatives								
	/ held equity interests								
<ol> <li>Other</li> </ol>									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
<u>(H)</u>	//								
otal. (Col.	(b) must equal Form 990,	Part X, col. (B)	line 12.) 🕨						
Part VII	I Investments - P	-							
	Complete if the organ	nization answe	ered "Yes" on						
	(a) Description of ir	ivestment		<b>(b)</b> Book	value	(c) Method	of valuation: Cost	or end-of-year market v	alue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(7)									
(7) (8) (9)									
(8) (9)	(b) must equal Form 990.	Part X. col. (B)	line 13.) ►						
(8) (9)	(b) must equal Form 990, Other Assets.	Part X, col. (B)	line 13.) <b>&gt;</b>						
(8) (9) Fotal. (Col.	Other Assets.			Form 990, F	Part IV, line ⁻	11d. See Form 99	90, Part X, line 15.		
(8) (9) Fotal. (Col.	(b) must equal Form 990, Other Assets. Complete if the organ		ered "Yes" on	Form 990, F scription	Part IV, line ⁻	11d. See Form 99	90, Part X, line 15.	<b>(b)</b> Book va	lue
(8) (9) Fotal. (Col. Part IX	Other Assets.		ered "Yes" on		Part IV, line ⁻	11d. See Form 99	90, Part X, line 15.		llue
(8) (9) Total. (Col. Part IX (1)	Other Assets.		ered "Yes" on		Part IV, line 1	11d. See Form 99	90, Part X, line 15.		llue
(8) (9) Fotal. (Col. Part IX (1) (2)	Other Assets.		ered "Yes" on		Part IV, line	11d. See Form 99	90, Part X, line 15.		llue
(8) (9) Total. (Col. Part IX (1) (2) (3)	Other Assets.		ered "Yes" on		Part IV, line 1	11d. See Form 99	90, Part X, line 15.		lue
(8) (9) Fotal. (Col. Part IX (1) (2) (3) (4)	Other Assets.		ered "Yes" on		Part IV, line 1	11d. See Form 99	90, Part X, line 15.		llue
(8) (9) Fotal. (Col. Part IX (1) (2) (3) (4) (5)	Other Assets.		ered "Yes" on		Part IV, line 1	11d. See Form 99	90, Part X, line 15.		llue
(8) (9) Fotal. (Col. Part IX (1) (2) (3) (4) (5) (6)	Other Assets.		ered "Yes" on		Part IV, line 1	11d. See Form 99	90, Part X, line 15.		llue
(8) (9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.		ered "Yes" on		Part IV, line	11d. See Form 99	90, Part X, line 15.		llue
(8) (9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.		ered "Yes" on		Part IV, line	11d. See Form 99	90, Part X, line 15.		lue
(8) (9) Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organ	nization answe	ered "Yes" on (a) De	scription				(b) Book va	lue
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Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

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Sche	edule D (Form 990) 2020 NORTH COUNTRY FOOD BANK	, INC.	41-	1459758 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	11,453,159.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			11,453,159.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	11,453,159.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	itements With Exper	nses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	10,245,876.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			10,245,876.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		10,245,876.
Pa	rt 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 2017 AND FORWARD REMAIN OPEN FOR EXAMINATION.

032054 12-01-20

Schedule D	(Form 990) 20
Dart YIII	Suppleme

 Schedule D (Form 990) 2020
Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)	990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for instr				on.		Open to Public Inspection
Name of the organization	1							entification number
		OUNTRY FOOD BANK,					41-1459	
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-EZ	I filers are not
· · ·	complete this par							
a X Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization	ions email solicitations tations licitations n have a written c		ation of ation of I fundra	non-g gover iising ing of	overnment grants nment grants events ficers, directors, trus	tees, o	or X	s No
• • •	highest paid indiv	viduals or entities (fundraisers) pursu			-	ne fun		
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
RKD ALPHA DOG - 800	1 SOUTH		Yes	No				
13TH STREET, LINCOL	1	MAILING CAMPAIGN	_	Х	451,032.		139,000.	312,033.
BIG PICTURE UNLIMIT PO BOX 814, GRAND F		GRANT WRITER		x	250,000.		18,103.	231,897.
		n is registered or licensed to solicit o		▶ utions	701,032. or has been notified	it is e	157,103. xempt from re	,
		ice, see the Instructions for Form 9 FOR CONTINUATIONS	990 or	990-E	Z. 9	Sched	ule G (Form §	990 or 990-EZ) 2020

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 contri	putions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
Œ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Da	11 rt	Net income summary. Subtract line 10 from I				
Га		<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
es		Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	•		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	Νο	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	′ from line 1, column (d)			
		er the state(s) in which the organization condu he organization licensed to conduct gaming a		atataa?		Yes No
		No," explain:				
~						
		re any of the organization's gaming licenses re Yes," explain:			year?	Yes No
					<b>.</b>	
		-25-20			Schedule C (Eo	rm 990 or 990-EZ) 2020

Schedule G (Form 99	0 or 990-EZ) 2020 NORTH COUNTRY FOOD BANK, INC. 41-1	459758	Page 3
<ul><li><b>11</b> Does the organi</li><li><b>12</b> Is the organizati</li></ul>	zation conduct gaming activities with nonmembers?	Yes	No
	aritable gaming? centage of gaming activity conducted in:	Yes	└── No
	n's facility	13a	%
	ty	13b	%
	and address of the person who prepares the organization's gaming/special events books and records:		
Name 🕨			
Address 🕨			
<b>15a</b> Does the organi	zation have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	No No
of gaming reven	ne amount of gaming revenue received by the organization ▶ \$ and the amount ue retained by the third party ▶\$		
	ame and address of the third party:		
Address 🕨			
<b>16</b> Gaming manage	er information:		
Name 🕨			
Gaming manage	er compensation 🕨 \$		
Description of s	ervices provided		
Director/	officer Employee Independent contractor		
e e	ibutions: on required under state law to make charitable distributions from the gaming proceeds to gaming license?	Yes	No
<b>b</b> Enter the amour	nt of distributions required under state law to be distributed to other exempt organizations or spent in the wn exempt activities during the tax year <b>&gt;</b> \$		
Part IV Suppl	emental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Parc, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lines 9, 9	9b, 10b,
	PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	· ·	
		•	
(I) NAME OF	F FUNDRAISER: RKD ALPHA DOG		
(I) ADDRESS	G OF FUNDRAISER: 8001 SOUTH 13TH STREET, LINCOLN, NE 6	8512	
(I) NAME OF	F FUNDRAISER: BIG PICTURE UNLIMITED, INC		
(I) ADDRESS	G OF FUNDRAISER: PO BOX 814, GRAND RAPIDS, MN 55744		
032083 11-25-20	Schedule G (Forr	n 990 or 990	-EZ) 2020

Schedule G (Form 990 or 990-EZ)	NORTH	COUNTRY	FOOD	BANK,	INC.
Part IV Supplemental Infor	mation /	ntin ( od)			

Continuea)	
	Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organizatio	nd Individual	s in the Ŭni	ited States		OMB No. 1545-0047
Department of the Treasury	Compl	ete ir the organizatio	Attach to For		irt iv, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization NORTH COU	NTRY FOOD	BANK, INC.					Employer identification number $41 - 1459758$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or assi	stance, and the selecti	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	-				anization answered "א	res" on Form 990, Part	IV, line 21, for any
recipient that received more than \$			1		(f) Method of		
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO PROVIDE FOOD
BEMIDJI COMMUNITY FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 3118						FOOD	COST TO QUALIFIED NON
BEMIDJI, MN 56619	41-1494430	501(C)(3)	0.	189,599.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
OUTREACH FOOD SHELF							DISTRIBUTION AT REDUCED
1205 LAKE ST						FOOD	COST TO QUALIFIED NON
ALEXANDRIA, MN 56308	20-2556435	501(C)(3)	0.	173,276.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
BECKER COUNTY FOOD PANTRY						FOOD	DISTRIBUTION AT REDUCED
1308 ROSSMAN AVE	36-3332912	F(1/2)/2	0.	113,046.		DISTRIBUTION	COST TO QUALIFIED NON PROFIT PROGRAMS
DETROIT LAKES, MN 56501	30-3332912	501(C)(3)	0.	113,040.	r MV	DISTRIBUTION	TO PROVIDE FOOD
ST MARY'S MISSION OF RED LAKE							DISTRIBUTION AT REDUCED
101 3RD ST						FOOD	COST TO OUALIFIED NON
REDBY MN 56670	53-0196617	501(C)(3)	0.	167,909.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
HUBBARD COUNTY FOOD SHELF							DISTRIBUTION AT REDUCED
308 PLEASANT AVE S						FOOD	COST TO QUALIFIED NON
PARK RAPIDS, MN 56470	36-3339751	501(C)(3)	0.	96,771.	FMV	DISTRIBUTION	PROFIT PROGRAMS
		-		,			TO PROVIDE FOOD
THIEF RIVER AREA FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 802						FOOD	COST TO QUALIFIED NON
THIEF RIVER FALLS, MN 56701	41-1744242	501(C)(3)	0.	101,483.	FMV	DISTRIBUTION	PROFIT PROGRAMS
2 Enter total number of section 501(c)(3) ar	nd government ord	anizations listed in the	e line 1 table		•		▶ 48.
3 Enter total number of other organizations	listed in the line 1	I table					• 0.

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

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE FOOD
PERHAM COMMUNITY FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 7						FOOD	COST TO QUALIFIED NON
PERHAM, MN 56573	41-1647960	501(C)(3)	0.	80,063.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
EAST GRAND FORKS FOOD SHELF							DISTRIBUTION AT REDUCED
1715 3RD AVE NW						FOOD	COST TO QUALIFIED NON
EAST GRAND FORKS, MN 56721	41-1864049	501(C)(3)	0.	68,958.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
STEVENS COUNTY FOOD SHELF							DISTRIBUTION AT REDUCED
701 IOWA AVE						FOOD	COST TO QUALIFIED NON
MORRIS, MN 56267	41-1829830	501(C)(3)	٥.	50,047.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
FERGUS FALLS COMM FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 136						FOOD	COST TO QUALIFIED NON
FERGUS FALLS, MN 56538	41-1558108	501(C)(3)	0.	26,115.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
CLEARWATER FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 578						FOOD	COST TO QUALIFIED NON
BAGLEY, MN 56621	41-1826857	501(C)(3)	0.	32,074.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
ROSEAU AREA FOOD SHELF							DISTRIBUTION AT REDUCED
311 8TH AVE NE						FOOD	COST TO QUALIFIED NON
ROSEAU, MN 56751	20-1390848	501(C)(3)	0.	19,966.	FMV	DISTRIBUTION	PROFIT PROGRAMS
· · · ·							TO PROVIDE FOOD
POPE CO HEARTS & HANDS FOOD SH							DISTRIBUTION AT REDUCED
PO BOX 32						FOOD	COST TO QUALIFIED NON
GLENWOOD, MN 56334	36-3470609	501(C)(3)	0.	12,435.	FMV	DISTRIBUTION	PROFIT PROGRAMS
, –				,			TO PROVIDE FOOD
LOAVES & FISHES FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 152						FOOD	COST TO QUALIFIED NON
FOSSTON, MN 56542	41-1568278	501(C)(3)	0.	50,266.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
AKELEY COMMUNITY FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 25						FOOD	COST TO QUALIFIED NON
AKELEY, MN 56433	43-2007564	501(C)(3)	0.	32,731.		DISTRIBUTION	PROFIT PROGRAMS

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE FOOD
WARROAD FOOD PANTRY							DISTRIBUTION AT REDUCED
PO BOX 153						FOOD	COST TO QUALIFIED NON
WARROAD, MN 56763	53-0196617	501(C)(3)	0.	19,001.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
HELPING HANDS EMERGENCY FS							DISTRIBUTION AT REDUCED
PO BOX 182						FOOD	COST TO QUALIFIED NON
MAHNOMEN, MN 56557	41-1476426	501(C)(3)	0.	12,958.	FMV	DISTRIBUTION	PROFIT PROGRAMS
i							TO PROVIDE FOOD
RED LAKE FALLS COMM FOOD SHELF							DISTRIBUTION AT REDUCED
518 CHAMPAGNE AVE						FOOD	COST TO QUALIFIED NON
RED LAKE FALLS, MN 56750	41-1568278	501(C)(3)	0.	34,087.	FMV	DISTRIBUTION	PROFIT PROGRAMS
				, ,			TO PROVIDE FOOD
SEBEKA AREA FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 188						FOOD	COST TO QUALIFIED NON
SEBEKA, MN 56477	36-2167731	501(C)(3)	0.	24,974.	FMV	DISTRIBUTION	PROFIT PROGRAMS
				,			TO PROVIDE FOOD
STRANDQUIST FOOD SHELF							DISTRIBUTION AT REDUCED
403 LINCOLN ST						FOOD	COST TO QUALIFIED NON
STRANDQUIST, MN 56758	41-1737565	501(C)(3)	0.	23,371.	FMV	DISTRIBUTION	PROFIT PROGRAMS
				,			TO PROVIDE FOOD
PELICAN RAPIDS COMM FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 592						FOOD	COST TO QUALIFIED NON
PELICAN RAPIDS, MN 56572	41-1591403	501(C)(3)	0.	11,757.	FMV	DISTRIBUTION	PROFIT PROGRAMS
	11 1331103	501(0)(3)		11,131.		DIDINIDUIION	TO PROVIDE FOOD
VALLEY FOOD SHELF OF ADA							DISTRIBUTION AT REDUCED
3218 210TH AVE						FOOD	COST TO QUALIFIED NON
ADA, MN 56510	41-1568278	501(C)(3)	0.	11,713.	TMV	DISTRIBUTION	PROFIT PROGRAMS
им, на 50510					T TT 4	PIDIKIBUIUM	TO PROVIDE FOOD
WARREN EMERGENCY FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 144						FOOD	
	41-1640373	F01(C)(2)	0.	15 070	E-M37		COST TO QUALIFIED NON
WARREN, MN 56762	41-10403/3	201(C)(2)	· · ·	15,079.	Г HI V	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
VERNDALE AREA FOOD SHELF							DISTRIBUTION AT REDUCED
402 NE CLARK DR						FOOD	COST TO QUALIFIED NON
VERNDALE, MN 56481	44-0577787	501(C)(3)	0.	9,217.	F,WA	DISTRIBUTION	PROFIT PROGRAMS

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Schedule I (Form 990)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE FOOD
NEW HOPE FOOD SHELF							DISTRIBUTION AT REDUCED
220 E 3RD ST						FOOD	COST TO QUALIFIED NON
CROOKSTON, MN 56716	41-1560222	501(C)(3)	0.	26,371.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
CLIMAX PARISH FOOD SHELF							DISTRIBUTION AT REDUCED
37430 320TH ST SW						FOOD	COST TO QUALIFIED NON
CLIMAX, MN 56523	41-1568278	501(C)(3)	0.	21,675.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
HOFFMAN-KENSINGTON FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 282						FOOD	COST TO QUALIFIED NON
HOFFMAN, MN 56339	41-1568278	501(C)(3)	0.	11,439.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
BATTLE LAKE FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 352						FOOD	COST TO QUALIFIED NON
BATTLE LAKE, MN 56515	41-1706700	501(C)(3)	0.	13,628.	FMV	DISTRIBUTION	PROFIT PROGRAMS
· · · · · · · · · · · · · · · · · · ·							TO PROVIDE FOOD
ARGYLE AREA FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 18						FOOD	COST TO QUALIFIED NON
ARGYLE, MN 56713	53-0796617	501(C)(3)	0.	7,361.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
GRANT COUNTY FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 431						FOOD	COST TO QUALIFIED NON
ELBOW LAKE, MN 56531	82-0571639	501(C)(3)	0.	15,977.	FMV	DISTRIBUTION	PROFIT PROGRAMS
,				, .			TO PROVIDE FOOD
CORNERSTONE FOOD PANTRY							DISTRIBUTION AT REDUCED
PO BOX 489						FOOD	COST TO QUALIFIED NON
HALLOCK, MN 56728	41-1568278	501(C)(3)	0.	13,358.	FMV	DISTRIBUTION	PROFIT PROGRAMS
,							TO PROVIDE FOOD
HENNING COMMUNITY FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 176						FOOD	COST TO QUALIFIED NON
HENNING, MN 56551	41-0887373	501(C)(3)	0.	14,757.	FMV	DISTRIBUTION	PROFIT PROGRAMS
,				,,			TO PROVIDE FOOD
BROWNS VALLEY FOOD SHELF							DISTRIBUTION AT REDUCED
406 OAK ST SE						FOOD	COST TO QUALIFIED NON
100 011K DI DI	1	501(C)(3)			FMV	1 000	PROFIT PROGRAMS

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE FOOD
MENAHGA FOOD SHELF							DISTRIBUTION AT REDUCED
120-1ST ST NE						FOOD	COST TO QUALIFIED NON
MENAHGA, MN 56464	41-0952757	501(C)(3)	٥.	16,814.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
LAKE OF THE WOODS FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 928						FOOD	COST TO QUALIFIED NON
BAUDETTE, MN 56623	41-1766138	501(C)(3)	0.	11,712.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
TRAVERSE COUNTY FOOD SHELF							DISTRIBUTION AT REDUCED
6836 CO RD 70						FOOD	COST TO QUALIFIED NON
TINTAH, MN 56583	41-1531811	501(C)(3)	0.	9,782.	FMV	DISTRIBUTION	PROFIT PROGRAMS
				,			TO PROVIDE FOOD
GRACE COMMUNITY FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 204						FOOD	COST TO QUALIFIED NON
ERSKINE, MN 56535	41-1568278	501(C)(3)	0.	24,321.	FMV	DISTRIBUTION	PROFIT PROGRAMS
,,							TO PROVIDE FOOD
CENTER OF HUMAN ENVIRONMENT							DISTRIBUTION AT REDUCED
2425 230TH AVE						FOOD	COST TO QUALIFIED NON
MAHNOMEN, MN 56571	41-1699903	501(C)(3)	0.	17,626.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
NEW YORK MILLS AREA FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 323						FOOD	COST TO QUALIFIED NON
NEW YORK MILLS, MN 56567	41-1718771	501(C)(3)	0.	8,581.	FMV	DISTRIBUTION	PROFIT PROGRAMS
	11 1/10//1	501(0)(3)		0,001.			TO PROVIDE FOOD
LAPORTE FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 69						FOOD	COST TO QUALIFIED NON
LAPORTE, MN 56461	41-1466412	501(C)(3)	0.	6,889.	E-MV7	DISTRIBUTION	PROFIT PROGRAMS
DALOVIE, HN 20401	41-1400412	501(0)(3)		0,009.	T. 11 A	DISTRIBUTION	TO PROVIDE FOOD
DEMINIT COMM COLLE VINCUEN							
BEMIDJI COMM SOUP KITCHEN						TOOD	DISTRIBUTION AT REDUCED
PO BOX1584		F01(0)(2)		<b>F</b> 000		FOOD	COST TO QUALIFIED NON
BEMIDJI, MN 56619	36-3615054	DUT(C)(3)	0.	7,208.	ь.шл	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
PROJECT SHARE OF WADENA							DISTRIBUTION AT REDUCED
827 KING AVE SW						FOOD	COST TO QUALIFIED NON
WADENA, MN 56482	47-5127382	501(C)(3)	0.	7,421.	FMV	DISTRIBUTION	PROFIT PROGRAMS

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Part II Continuation of Grants and Othe	er Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE FOOD
INTER-COUNTY COMM COUNCIL FS							DISTRIBUTION AT REDUCED
P O BOX 189						FOOD	COST TO QUALIFIED NON
OKLEE, MN 56742	41-0888083	501(C)(3)	0.	9,553.	FMV	DISTRIBUTION	PROFIT PROGRAMS
· · · ·							TO PROVIDE FOOD
RED LAKE HOMELESS SHELTER							DISTRIBUTION AT REDUCED
15855 MAIN AVE						FOOD	COST TO QUALIFIED NON
RED LAKE, MN 56671	87-1661929	501(C)(3)	0.	7,233.	FMV	DISTRIBUTION	PROFIT PROGRAMS
,							TO PROVIDE FOOD
SALVATION ARMY							DISTRIBUTION AT REDUCED
622 E VERNON AVE						FOOD	COST TO QUALIFIED NON
	41-0698597	501(C)(3)	0.	6,953.	דאריז	DISTRIBUTION	PROFIT PROGRAMS
FERGUS FALLS, MN 56537	41-0098597	501(C)(3)	0.	0,955.	F MV	DISTRIBUTION	TO PROVIDE FOOD
ANDE A GUADE OF GROOMGEON THE							
CARE & SHARE OF CROOKSTON INC						2002	DISTRIBUTION AT REDUCED
220 E 3RD ST						FOOD	COST TO QUALIFIED NON
CROOKSTON, MN 56716	41-1560222	501(C)(3)	0.	13,419.	₽'MV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
FERTILE-BELTRAMI FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 388						FOOD	COST TO QUALIFIED NON
FERTILE, MN 56540	41-1713067	501(C)(3)	0.	17,314.	FMV	DISTRIBUTION	PROFIT PROGRAMS
							TO PROVIDE FOOD
IMMANUEL FOOD SHELF							DISTRIBUTION AT REDUCED
PO BOX 130						FOOD	COST TO QUALIFIED NON
HENDRUM, MN 56550	41-1568278	501(C)(3)	0.	5,058.	FMV	DISTRIBUTION	PROFIT PROGRAMS

Schedule I (Form 990) 2020

41-1459758

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.
 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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					FOOD DISTRIBUTION TO QUALIFIED
FOOD BOXES (CSFP)	13201	0.	301,823.	ESTIMATED FAIR VALUE	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

2020

**Open to Public** 

Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

#### Name of the organization NORTH COUNTRY FOOD BANK, INC.

	NORTH COUNTR	Y FOOD	BANK, INC		41-1459758
Par	t I Types of Property				
		<b>(a)</b> 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				
0	Securities - Closely held stock				
1	Securities - Partnership, LLC, or				
	trust interests				
2	Securities - Miscellaneous				
3	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
6	Real estate - Commercial				
7	Real estate - Other				
8	Collectibles				
9	Food inventory	X	77	7,270,319.	JSDA VALUE AND POUN
20	Drugs and medical supplies				
21	Taxidermy				
2	Historical artifacts				
3	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other ► (				
29	Number of Forms 8283 received by the organi	zation during	g the tax year for co	ontributions	
	for which the organization completed Form 82				
			C C	·····	Yes N

	exempt purposes for the entire holding period?	30a	X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		
	contributions?	32a	X
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		
	describe in Part II.		

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

Schedule M (Form 990) 2020

032141 11-23-20

**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.

Schedule M (Form 990) 2020

41-1459758

Page 2

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

INC.

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

Inspection Employer identification number 41-1459758

Open to Public

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

NORTH COUNTRY FOOD BANK,

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.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

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				oyer identification	
032212 11-20-20					

# TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

#### FOR THE YEAR ENDING

SEPTEMBER 30, 2021

#### PREPARED FOR:

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

#### PREPARED BY:

BRADY, MARTZ AND ASSOCIATES, P.C. 117 S. BROADWAY CROOKSTON, MN 56716

#### 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 18, 2022

## SPECIAL INSTRUCTIONS:

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

INCLUDE THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER AND 2020 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

Website Address:

www.ag.state.mn.us/charity

# **STATE OF MINNESOTA**

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

**SECTION A: Organization Information** 

Legal Name of Organization NORTH COUNTRY FOOD BA	NK, INC.
Federal EIN:41-1459758	Fiscal Year-End: 09302021
	mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address: SUSIE NOVAK BOELTER	Physical Address:
Contact Person <u>1011 11TH AVE NE</u>	Contact Person 1011 11TH AVE NE
Street Address EAST GRAND FORKS, MN 56721	Street Address EAST GRAND FORKS, MN 56721
City, State, and ZIP Code (218) 281-7356	City, State, and ZIP Code (218) 281-7356
Phone Number	Phone Number
Email Address	Email Address
<ol> <li>Organization's website: <u>WWW . NORTHCOUNTRYFOODBA</u></li> <li>List all of the organization's alternate and former names (attach list if r</li> </ol>	
3. List all names under which the organization solicits contributions (atta <u>NORTH COUNTRY FOOD BANK</u>	ch list if more space is needed).
4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	X Yes No
5. Total amount of contributions the organization received from Minneso	ta donors: \$ 1,597,631.
<ul> <li>Has the organization's tax-exempt status with the IRS changed?</li> <li>Yes X No If yes, attach explanation.</li> </ul>	
<ul> <li>7. Has the organization significantly changed its purpose(s) or program(s</li> <li>Yes X No If yes, attach explanation.</li> </ul>	)?

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# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or gove Yes X No If yes, attach explanation.	rnment agency	?			
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? $X$ Yes $\square$ No If yes, provide the following information for each (attach list if more space is needed):		TEMENT 1			
	RKD ALPHA DOG		139,00			
	Name of Professional Fundraiser	Compen	isation			
	8001 SOUTH 13TH STREET	INCOLN,	NE 6851	2		
	Street Address	City, Sta	te, and ZIP Coc	le		
10.	0. Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No <u>Note:</u> 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.	<ol> <li>Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes X No</li> <li>If yes, provide the following information for the five highest paid individuals:</li> </ol>					
	Name and title	Compe	ensation*	Other compensation		

*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.

085472 04-01-20

#### **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	\$	7,526,114. 1					
2.	Government Grants	\$	<b>2,621,835.</b> 2					
3.	Program Service Revenue	\$	<b>1,288,435.</b> 3					
4.	Other Revenue	\$	16,775. 4					
5.	TOTAL INCOME	\$	11,453,159. 5					
EXPE	INSES							
6.	Program Expenses	\$	<b>9,618,789.</b> 6					
7.	Management & General Expenses	\$	<b>334,109.</b> 7					
8.	Fund-raising Expenses	\$	<b>292,978.</b> 8					
9.	TOTAL EXPENSES	\$	10,245,876.9					
10.	EXCESS or DEFICIT	\$	1,207,283. 10					
	(Line 5 minus Line 9)							
ASSE	TS							
11.	Cash	\$	<b>1,020,927.</b> 11					
12.	Land, Buildings & Equipment	\$	<b>3,760,420.</b> 12					
13.	Other Assets	\$	<b>938,878</b> . 13					
14.	TOTAL ASSETS	\$	5,720,225. 14					
LIAB	ILITIES							
15.	Accounts Payable	\$	<b>70,889.</b> 15					
16.	Grants Payable	\$	16					
17.	Other Liabilities	\$	578,732. ₁₇					
18.	TOTAL LIABILITIES	\$_	649,621. 18					
FUN	D BALANCE/NET WORTH	\$	5,070,604.					
(Line 1	(Line 14 minus Line 18)							

085473 04-01-20

# 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.

Colu	nns B, C, and D must equal Column A. The amou	nt on Line 25, Column A	must match Line 17 of IF	RS Form 990-EZ or Line 2	6 of IRS Form 990-PF.
		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.	6,057,465.	<u>6,057,465</u> . 301,823.		
2.	Grants and other assistance to individuals in the U.S.	6,057,465. 301,823.	301,823.		
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	117,789.	14,135.	74,207.	29,447.
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	450,885.	320,745.	56,708.	73,432.
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)	23,829.	17,489.	4,382.	1,958.
9.	Other employee benefits	23,829. 89,554.	17,489. 66,841.	4,382. 18,088.	1,958. 4,625. 8,054.
10.	Payroll taxes	43,006.	26,279.	8,673.	8,054.
11.	Fees for services (non-employees):				
a.	Management				
	Legal				
	Accounting	49,305.		49,305.	
	Lobbying				
	Professional fundraising services	157,102.			157,102.
	Investment management fees	-			-
g.	Other				
12.	Advertising and promotion	10,796.	3,334.	6,993.	469.
13.	Office expenses	50,450.	32,065.	6,993. 13,380.	5,005.
14.	Information technology	18,569.	965.	16,704.	900.
15.	Royalties				
16.	Occupancy	66,705.	55,126.	8,129.	3,450.
17.	Travel	132,315.	124,267.	3,859.	4,189.
18.	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest	47,149.		47,149.	
21.	Payments to affiliates	65,193.	65,193.		
22.	Depreciation, depletion, and amortization	193,550.	174,426.	17,558.	1,566.
23.	Insurance	2,358.		2,097.	261.
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.	DISTRIBUTION EXPENSES	2,342,988.	2,342,988.		
	MISCELLANEOUS	22,913.	13,516.	6,877.	2,520.
c.	BAD DEBT	2,132.	2,132.		-
d.		-	-		
25.	Total functional expenses. Add lines 1 through 24d	10,245,876.	9,618,789.	334,109.	292,978.
26.	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organi- zation reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

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# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknow	ledgment
The form must be executed pursuant to a resolution of the board of dire	ectors, trustees, or managing group and
must be signed by two officers of the organization. See Minn. Stat. $\S$ 30	09.52, subd. 3.
We, the undersigned, state and acknowledge that we are duly cons	tituted 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	o the resolution of the
(Во	ard of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the do	cument, and do hereby certify that the
(Во	ard of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and have su	pervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true, corre	ect and complete to the best of our knowledge.
SUSIE NOVAK BOELTER	
Name (Print)	Name (Print)
Signature	Signature
EXECUTIVE DIRECTOR	
Title	Title
Date	Date

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MN ANNUAL REPORT PROFESSIONAL FUNDRAISER INFORMATION STATEMENT 1 MN INITIAL REGISTRATION

NAME: BIG PICTURE UNLIMITED, INC ADDRESS: PO BOX 814 CITY/STATE/ZIP: GRAND RAPIDS, MN 55744 COMPENSATION: 18,103.