EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

ΑI	For the	e 2022 calendar year, or tax year beginning ar	nd ending		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre:				
	Name chang	Doing business as		27-18105	97
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	189 WELLS AVENUE	100	617-390-	4450
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,540,016.
	Ameno return	NEWION, MA 02433		H(a) Is this a group re	eturn
	Application	IF Name and address of principal officer: ADILLE 1 DIANLE1		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
Τ.	Tax-exe	empt status: $X = 501(c)(3) = 501(c)($) (insert no.) $= 4947(a)($	1) or 527	7	list. See instructions
J	Websit	e: WWW.LOVINSPOONFULSINC.ORG		H(c) Group exemption	n number
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2010 N	State of legal domicile: MA
	art I	Summary	<i>A</i>	·	
_	1	Briefly describe the organization's mission or most significant activities: ${ t LOV}$	IN' SPO	ONFULS IS A	N
an Ce		ORGANIZATION THAT FACILITATES THE RECOV	ERY ANI	DISTRIBUTI	ON OF
ž	2	Check this box if the organization discontinued its operations or dis	posed of mor	e than 25% of its net as	ssets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
Activities & Governance	4	Number of independent voting members of the governing body (Part VI, line 1b	o)	4	7
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	45
	6	Total number of volunteers (estimate if necessary)		6	75
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	·	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		11,342,237.	12,494,681.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,497.	0.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-29,455.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		11,326,279.	12,396,242.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	0)	1,864,625.	2,551,101.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 910,		0 004 640	0 000 444
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,071,617.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,936,242.	
		Revenue less expenses. Subtract line 18 from line 12		1,390,037.	
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		3,214,196.	4,395,145.
et A	21	Total liabilities (Part X, line 26)		247,229.	960,148.
		Net assets or fund balances. Subtract line 21 from line 20		2,966,967.	3,434,997.
	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1
		Ities of perjury, I declare that I have examined this return, including accompanying sched			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	wnich prepare	r nas any knowledge.	
٥.		Signature of officer		l Date	
Sig		ASHLEY STANLEY, FOUNDER/EXECUTIVE DIREC	т∩р	Dato	
Hei	re	Type or print name and title	IOK		
				Date Check	PTIN
Pai	ч	Print/Type preparer's name THOMAS F. MULDOON, CPA THOMAS F. MULD	I	08/29/23 of self-employe	
	u parer	Firm's name AAFCPAS, INC.	JOIN, C	Firm's EIN 0	4-2571780
	Only	Firm's address 50 WASHINGTON STREET		THIIISEIN U	- 2 3/1/00
036	Jilly	WESTBOROUGH, MA 01581		Dhone no 50	8-366-9100
1/10	v tha I			Fillulie IIU. 30	X Yes No
	y tne ii	AS discuss this return with the preparer shown above? See instructions	ctions		<u>A res No</u>

Form	1990 (2022) LOVIN' SPOONFULS, INC. 27-18	10597	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	LOVIN' SPOONFULS IS AN ORGANIZATION THAT FACILITATES THE RECO	VERY A	ND
	DISTRIBUTION OF HEALTHY, PERISHABLE FOOD THAT WOULD OTHERWISE	BE	
	DISCARDED. LOVIN' SPOONFULS WORKS EFFICIENTLY TO DELIVER THIS	FOOD	
	DIRECTLY TO THE COMMUNITY ORGANIZATIONS AND RESOURCES WHERE I	T CAN	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$10 , 446 , 702 • including grants of \$) (Revenue \$		452. ₎
	DELIVERY OF PERISHABLE/NONPERISHABLE AND UNSERVED FOODS DIREC		
	LOCAL CRISIS CENTERS, SOUP KITCHENS, FOOD BANKS, SHELTERS AND	OTHER	
	SOCIAL ASSISTANCE ENTITIES.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	10 446 700		
		Form 9	90 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		- 21
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ ₃₇
	complete Schedule G, Part III	19		X
20a	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			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Part IV	Checklist of Required Schedules (continued
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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		Х
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		Х
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
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%			Х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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			$ _{\mathbf{x}}$
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Α_
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		21
C	"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	29		
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 sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
OZ.	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		w	
	(gambling) winnings to prize winners?	1c	X	

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1022) LOVIN' SPOONFULS, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		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.	0-		
a	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
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 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 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SANDY CADES, CFO - 617-390-4450			
	189 WELLS AVENUE, 100, NEWTON, MA 02459			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one) than	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of	
	week	-	cer ar	lu a u	recio)r/trus	tee)	from	from related	other	
	(list any	or director						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	ruste	ll trus		ee/	mpen	4	1099-NEC)	1000 NEO)	and related	
	below	Individual trustee	Institutional trustee	_	oldm	st co	er.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		organizations	
	line)	Indivi	Institi	Officer	Key employee	Highest compensated employee	Former			· ·	
(1) ERIN PALMER KEOHANE	40.00										
CHIEF DEVELOPMENT OFFICER			4			Х		191,489.	0.	22,562.	
(2) ASHLEY STANLEY	40.00										
FOUNDER/EXECUTIVE DIRECTOR		Х		Х		K		206,713.	0.	3,890.	
(3) LAUREN PALUMBO	40.00										
CHIEF OPERATING OFFICER						X		158,336.	0.	16,257.	
(4) LISA FALL	2.00	ļ									
CHAIR		Х		Х				0.	0.	0.	
(5) SANDY CADES	2.00							_			
TREASURER/CFO		X		X				0.	0.	0.	
(6) ADAM KAHN	2.00	ļ						_			
SECRETARY		Х		Х				0.	0.	0.	
(7) ADAM AMONTEA	2.00	١						•			
BOARD MEMBER	2 00	Х						0.	0.	0.	
(8) ARMAND ADANDE	2.00	١						0		•	
BOARD MEMBER	2 00	Х						0.	0.	0.	
(9) NANCY FREED	2.00	١,,						0		0	
BOARD MEMBER	2 00	Х						0.	0.	0.	
(10) ANDY YOUNISS	2.00	٠,,						0		0	
BOARD MEMBER		Х						0.	0.	0 .	
		4									
		ł									
		1									
		┨									
	+	 	\vdash	\vdash	\vdash	\vdash					
		1									
	- 				\vdash	\vdash					
		1									
		1									

ı a	Section A. Officers, Directors, Trus	1	ploy	ees			gne	ST (, ,			<i>(</i> =:	
	(A)	(B)			(C Posi	-	,		(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			timate	
		week					is bot or/trus		compensation from	compensation from related	ו ו		ount other	ОТ
		(list any	tor						the	organizations			oensa	ation
		hours for	Individual trustee or director				p		organization	(W-2/1099-MIS			om th	
		related	tee or	stee			ensate		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	Itrust	nal tru		yee	ompe		1099-NEC)			and	d relat	ed
		below	vidua	Institutional trustee	er	key employee	Highest compensated employee	Former				orga	nizati	ons
		line)	ind	Insti	Officer	Key	High	Forr						
			4											
			4											
			1											
									4					
			1											
			4											
			4											
			4	l .)					
								4						
			4											
							K		556,538.		0.	1	2 7	09.
1b	Subtotal								0.		0.	4.	4,1	09.
	Total from continuation sheets to Part V							-	556,538.		0.	1	2 7	09.
	Total (add lines 1b and 1c)									000 - f		4.	4, 1	09.
2	Total number of individuals (including but r	not limited to tr	ose	IISTE	ed ar	oov	e) wr	io r	eceived more than \$100	,000 of reportable	Э			2
	compensation from the organization												Yes	No
•	Did the experiention list any favorage officer	-l:	1					. la : a			Г		163	140
3	Did the organization list any former officer,			•		•		•		•				Х
	line 1a? If "Yes," complete Schedule J for s										····	3		
4	For any individual listed on line 1a, is the su			-						tne organization				Х
_	and related organizations greater than \$15			•							····	4		
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		Х
Sec	tion B. Independent Contractors	ipiete Scriedui	e J i	Or St	JCII J	pers	SOII .					5		21
1	Complete this table for your five highest co	mponested in	don	ando	nt o	ont	rooto	vo 1	that received more than	\$100,000 of oom	nonce	ation f	rom	
•	the organization. Report compensation for										pens	ation ii	IOIII	
	(A)	trie caleridar y	cai	enui	ng v	VILII	OI W	101111	(B)	year.		(C	٠	
	Name and business	address							Description of s	ervices	C	omper omper		n
WE:	LLSPRING CONSULTING, L		Αì	νTΤ	ΓΥ			\dashv				•		
	AD, 2ND FLOOR, WOODBRIE	-				5			STRATEGIC PL	ANNING		114	4 . 0	00.
		, ,						\dashv					_, _	-
								_		+				
								\dashv						
-								\dashv		+				

232008 12-13-22

Form **990** (2022)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Ра	rt v	1111			as in this Dort VIII			
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	4	_	Federated campaigns 1a					000000000000000000000000000000000000000
ant			Membership dues 1b					
m G			Fundraising events 1c	286,637.				
ifts ir A			Related organizations 1d	200,007.				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	179,177.				
Sir			All other contributions, gifts, grants, and					
ber		•	similar amounts not included above 1f	12,028,867.				
oğ.		~	Noncash contributions included in lines 1a-1f	8,302,040.				
Sor		_	Total. Add lines 1a-1f		12,494,681.			
		<u></u>	Totali / lad iii loo la li	Business Code				
Ð	2	а						
Program Service Revenue		b						
Ser		c				4		
am		d						
ogra Re		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)	•				
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
nue			and sales expenses 7b					
Revenue		С	Gain or (loss)					
			Net gain or (loss)					
her	8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	38,883.				
		b	Less: direct expenses 8b	143,774.				
			Net income or (loss) from fundraising events		-104,891.			-104,891.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	 				
			Less: cost of goods sold10b)				
		С	Net income or (loss) from sales of inventory	In				
sn			MI GGDL I ANDOLIG	Business Code	6 455	5 455		
ne ne			MISCELLANEOUS	900099	6,452.	6,452.		
Miscellaneous Revenue		b		<u> </u>				
Sce		с	All II					
Ξ			All other revenue		C 450			
		е	Total. Add lines 11a-11d		6,452.	6 450	0	104 001
	12		Total revenue. See instructions		12,396,242.	6,452.	0.	-104,891.

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).

Da	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 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				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	210,603.	105,302.		105,301
6	trustees, and key employees	210,003.	103,302		103,301
O	persons (as defined under section 4958(f)(1)) and				
	navagna dagarihad in agatian 4000(a)(0)(D)		4		
7	Other salaries and wages	1,863,004.	1,218,069.	90,627.	554,308
8	Pension plan accruals and contributions (include	_, ,	_,,	23,02.4	222,000
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	264,113.	155,673.	28,729.	79,711
10	Payroll taxes	213,381.	135,454.	13,492.	64,435
11	Fees for services (nonemployees):	,		, -	,
а	Management				
b	Legal	230.		230.	
С	Accounting	68,474.		68,474.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	288,789.	64,770.	204,392.	19,627
12	Advertising and promotion				
13	Office expenses	87,963.	20,534.	49,798.	17,631
14	Information technology				
15	Royalties	102 007	F2 266	05.016	04 645
16	Occupancy	103,927.	53,366.	25,916.	24,645
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	146,789.	143,113.	2,385.	1,291
22	Depreciation, depletion, and amortization	6,461.	143,113.	6,147.	1,291
23	Other expenses. Itemize expenses not covered	0,401.	13/•	0,14/•	137
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
•	amount, list line 24e expenses on Schedule 0.) IN-KIND FOOD	8,302,040.	8,302,040.		
a b	MISCELLANEOUS	178,303.	83,214.	54,358.	40,731
C	VEHICLE EXPENSES	104,493.	104,493.	31,3301	10,751
d	REPAIRS AND MAINTENANCE	53,141.	42,714.	10,427.	
-		36,501.	17,803.	16,423.	2,275
25	Total functional expenses. Add lines 1 through 24e	11,928,212.	10,446,702.	571,398.	910,112
<u>25</u> 26	Joint costs. Complete this line only if the organization	,,	, , , ,	2.2,000	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2022) Part X Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,734,375.	1	2,144,433.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,080,951.	3	1,186,771
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current	t or forme	er officer, director,			
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	sons		5	
	6	Loans and other receivables from other disqu	alified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri		6			
əts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			E 0 00 E	8	<u> </u>
•	9	Prepaid expenses and deferred charges			50,907.	9	54,542.
	10a	Land, buildings, and equipment: cost or othe		701 600			
		basis. Complete Part VI of Schedule D		791,698.	225 424		202 200
	b	1		418,398.	335,434.	10c	373,300.
	11	Investments - publicly traded securities		12,529.	11	20,998.	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets	0.	14	615,101.		
	15	Other assets. See Part IV, line 11			3,214,196.	15	4,395,145.
	16	Total assets. Add lines 1 through 15 (must e			103,197.	16 17	246,733.
	17	Accounts payable and accrued expenses	103,137.		240,733.		
	18 19	Grants payable		18 19			
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Comple				21	
,	22	Loans and other payables to any current or for				21	
Liabilities	~~	trustee, key employee, creator or founder, su					
ig		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to uni			144,032.	23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D		, '	0.	25	713,415.
	26	Total liabilities. Add lines 17 through 25			247,229.	26	960,148.
		Organizations that follow FASB ASC 958, o					
Ses		and complete lines 27, 28, 32, and 33.					
llan	27	Net assets without donor restrictions			1,809,442.	27	1,945,389.
Ba	28	Net assets with donor restrictions			1,157,525.	28	1,489,608.
oun		Organizations that do not follow FASB ASC	958, ch	eck here			
ř		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Se	32	Total net assets or fund balances			2,966,967.	32	3,434,997.
	33	Total liabilities and net assets/fund balances			3,214,196.	33	4,395,145.

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)		L2,39 L1,92			
2	Total expenses (must equal Part IX, column (A), line 25)				30.	
3	Revenue less expenses. Subtract line 2 from line 1	3	2 06	6,0	50.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,96	0,9	67.	
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	3,43	4,9	97.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule			Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
				990	(2022)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Open to Public Inspection

Name of the organization

LOVIN' SPOONFULS, INC.

Employer identification number 27 – 1810597

D -		Dooran for Dublic (LB, INC.			•	17-1010397		
Ра	rt I	Reason for Public (Jarity Status.	All organizations must c	omplete th	nis part.) S	See instructions.			
Γhe	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)				
1	Ш	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a q	overnmental unit describ	ped in		
		section 170(b)(1)(A)(iv). (C		,		, ,				
6		A federal, state, or local gov		nental unit described in s	section 17	70(b)(1)(<u>A</u>)	(v)			
7	\Box	An organization that norma	-					I nublic described in		
•		section 170(b)(1)(A)(vi). (Co	-	Titial part of its support i	ioiii a gov	errinentai	unit of from the general	public described in		
0			•	1VAVvi) (Complete Bod	+ II \	4				
8		A community trust describe						, a a ll a sa		
9		An agricultural research org				-	-			
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	ge or		
	v	university:			-					
10	X	An organization that norma								
		activities related to its exem								
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor	nplete Part III.)							
11	Щ	An organization organized a	and operated exclusi	ively to test for public sa	ifety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.			
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting		
		organization. You must c	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving		
		control or management o						-		
		organization(s). You mus			•					
С		Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.		
_		its supported organization		7				,		
d		Type III non-functionally						ization(s)		
ŭ		that is not functionally int					• • • •			
		requirement (see instructi		•	•		•	ilveriess		
е		Check this box if the orga	•	-						
٠		functionally integrated, or					a type i, type ii, type iii			
	Ento	· ·	• •	nally integrated support	ing organiz	Zation.				
-		r the number of supported o		d examination(s)						
9		ride the following information Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	•	organization	(.,,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)		
		-		above (see instructions))	103	140				
F . 4 .								 		

Pa	Support Schedule for (Complete only if you checke	_					•
	fails to qualify under the tests				. ,		
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				4		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
		(-) 0040	(1) 0040	(-) 0000	(-1) 0004	(-) 0000	(6) T-+-I
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4				+		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources				+		
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	· ·	1					
11	assets (Explain in Part VI.)						
	Gross receipts from related activities,	oto (coo instruct	ions)			12	
	First 5 years. If the Form 990 is for the						
10	organization, check this box and stor			•	•		
Sec	ction C. Computation of Publ		ercentage				
	Public support percentage for 2022 (olumn (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the						
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	•					
_	more and if the organization mosts the						•

Schedule A (Form 990) 2022

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

<u>Sa</u>	qualify under the tests listed better A. Public Support	elow, please comp	lete Part II.)				
		1-3 0040	(1-) 0040	(-) 0000	(-I) 000 t	1-1 0000	(e) T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	6,947,121.	7,920,226.	9,550,825.	11,342,237.	12,494,681.	48,255,090.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	, ,	, ,	, ,	, ,	,	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	6,947,121.	7,920,226.	9,550,825.	11,342,237.	12,494,681.	48,255,090.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	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						0.
C	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						48,255,090.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	6,947,121.	7,920,226.	9,550,825.	11,342,237.	12,494,681.	48,255,090.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	52.		82.	127.		261.
k	Unrelated business taxable income	1					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	FO		0.0	100		0.61
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	52.		82.	127.		261.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	30,574.	27,633.	67,249.	18,421.	6,452.	150,329.
13	Total support. (Add lines 9, 10c, 11, and 12.)	6,977,747.	7,947,859.	9,618,156.	11,360,785.	12,501,133.	48,405,680.
14	First 5 years. If the Form 990 is for the	ne organization's fire	st, second, third,	fourth, or fifth tax y	year as a section 5	501(c)(3) organizati	ion,
	check this box and stop here						<u></u>
Se	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2022 (line 8, column (f), di	ivided by line 13, o	column (f))		15	99.69 %
	Public support percentage from 2021					16	99.60 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	122 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	2021 Schedule A, F	Part III, line 17			18	%
	33 1/3% support tests - 2022. If the more than 33 1/3%, check this box a	nd stop here. The c	organization qualif	ies as a publicly s	upported organiza	tion	X
k	33 1/3% support tests - 2021. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization	n did not chack a b	20 on line 1/1 10	a or 10h chock th	ic hav and can inc	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	-		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type III Supporting Organizations		· ·	
_	Did the constitution and idea to each of the constitution by the best devices the fifth weath of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2 b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 232025 12-09-22 | Schedule A (Form 990) 2022

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)							
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
_5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	anization (see				
	instructions).							

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exe		1				
2	Amounts paid to perform activity that directly furthers exemp			_			
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	е				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount		T	10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6		4				
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
e	From 2021						
	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
<u> </u>	Carryover from 2017 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D, line 7:						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						
				_	hadula A /Farm 000) 2022		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

LOVIN' SPOONFULS TNC **Employer identification number** 27-1810597

Pai	t I Organizations Maintaining Donor Advise		ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
_	year		no organization danning the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		- f
	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			0 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
			•
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical treation		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	\$
b	Assets included in Form 990, Part X		

232051 09-01-22

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

Par	t III	Organizations Maintaining C	ollections of Ar	rt, Hist	orical Tr	easures, d	or Other	Similar A	ssets(con	tinuec	d)
3	Using	g the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	t make sigr	ificant use c	of its		
	colle	ction items (check all that apply):									
а		Public exhibition	d		oan or exc	hange progra	am				
b		Scholarly research	е								
С		Preservation for future generations									
4	Provi	de a description of the organization's co	llections and explain	n how the	ey further t	he organizati	on's exemp	t purpose in	Part XIII.		
5		g the year, did the organization solicit or									
	to be	sold to raise funds rather than to be ma	intained as part of t	he organ	ization's co	ollection?			Yes		□ No
Par	t IV	Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered '	'Yes" on Fo	rm 990, Par	t IV, line 9,	or	_
		reported an amount on Form 990, Par	t X, line 21.								
1a	Is the	e organization an agent, trustee, custodi	an or other intermed	liary for o	contribution	s or other as	sets not inc	cluded		_	
	on Fo	orm 990, Part X?							· L Yes	L	No
b	If "Y€	es," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:						
									Amou	nt	
С	Begir	nning balance						1c			
d	Addit	tions during the year						1d			
е	Distri	butions during the year						1e			
f	Endir	ng balance						1f			
2a	Did t	ne organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or co	ustodial acco	unt liability	?	· L Yes	Ļ	No
		es," explain the arrangement in Part XIII.								<u> L</u>	
Par	t V	Endowment Funds. Complete if									
		-	(a) Current year	(b) Pr	ior year	(c) Two year	s back (d)	Three years b	ack (e) Fo	ur year	rs back
		nning of year balance		_4							
b	Cont	ributions									
С	Net i	nvestment earnings, gains, and losses	1								
d	Gran	ts or scholarships									
е	Othe	r expenditures for facilities									
		programs									
f	Admi	nistrative expenses									
g		of year balance									
2		de the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a	a)) held as:					
а		d designated or quasi-endowment		_%							
b		anent endowment	%								
С			6								
	-	percentages on lines 2a, 2b, and 2c show	•								
3a		here endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	nd administe	red for the			Vac	. I No
	_	nization by:								Yes	No
		Inrelated organizations								_	+-
											+-
b		es" on line 3a(ii), are the related organiza							3b		
Da.	t VI	ribe in Part XIII the intended uses of the Land, Buildings, and Equipm		wment to	unas.						
Fai	LVI	Complete if the organization answered) Dort IV	lino 11a S	Soo Form 000) Dart V lin	o 10			
						1			(-N.D	-1	l
		Description of property	(a) Cost or of basis (investn			or other (other)		ımulated ciation	(d) Bo	ok val	iue
4-	1 0		· ·	116111)	Dasis	(Outel)	uepie	CIALIUII			
		inan		-							
		ings		+		5,000.		417.		1	583.
		ehold improvements		+		6,710.	1	5,713.	 		997.
		oment		+		9,988.		$\frac{3,713.}{2,268.}$	3,	17 ,	$\frac{737.}{720.}$
	Othe Add	rlines 1a through 1e. (Column (d) must ed		X colum			<u> </u>	_,			300.
ı vtal	. ~ uu	mico ia linguali ie. (Odianin (a) mast et	quai i Oiiii 330, i ail.	\sim	(U), III IC I	· · · · · · · · · · · · · · · · · · ·				. ~ , .	

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	NFULS, INC.	27-1810597 _{Page} 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.	•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	4	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		

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

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSETS- OPERATING LEASE	615,101.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	615,101.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	FINANCING LEASES	94,981.
(3)	OPERATING LEASE OBLIGATIONS	618,434.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	713,415.

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

Judie D (I	6111 930) 2022				TOTOS, lage
rt XI	Reconciliation of Revenue per Audited Financial Statemer	nts Witl	h Revenue per R	eturı	n.
(Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
Total re	venue, gains, and other support per audited financial statements			1	12,487,455.
Amount	s included on line 1 but not on Form 990, Part VIII, line 12:				
Net unre	ealized gains (losses) on investments	2a			
Donated	d services and use of facilities	2b	91,213.		
Recove	ries of prior year grants	2c			
Other (E	Describe in Part XIII.)	2d			
Add line	s 2a through 2d			2e	91,213.
Subtrac	t line 2e from line 1			3	12,396,242.
Amount	s included on Form 990, Part VIII, line 12, but not on line 1:				
Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a			
Other (E	Describe in Part XIII.)	4b			
Add line	4c	0.			
	5	12,396,242.			
rt XII	Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per	Retu	ırn.
(Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
Total ex	penses and losses per audited financial statements			1	12,019,425.
Amount	s included on line 1 but not on Form 990, Part IX, line 25:				
Donated	d services and use of facilities	2a	91,213.		
Prior ye	ar adjustments	2b			
Other lo	sses	2c			
Other (E	Describe in Part XIII.)	2d			
Add line	es 2a through 2d			2e	91,213.
Subtrac	t line 2e from line 1			3	11,928,212.
Amount	s included on Form 990, Part IX, line 25, but not on line 1:				
Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a			
	Total rev Amount Net unre Donated Recover Other (D Add line Subtrace Amount Investm Other (D Add line Total rev rt XII F C Total ex Amount Donated Prior yea Other lo Other (D Add line Subtrace Add line Subtrace Amount Add line Subtrace Amount	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	TXI Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TX XII Reconciliation of Expenses per Audited Financial Statements Wires and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Donated services in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

PART X, LINE 2:

c Add lines 4a and 4b

THE AGENCY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE AGENCY HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2022. THE AGENCY'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

Schedule D (Form 990) 2022 Part XIII Supplemental In	LOVIN' SPOONFULS, INC.	27-1810597 Page 5
Part XIII Supplemental In	formation (continued)	
	4	

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2022.04020 LOVIN' SPOONFULS, INC.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

							Employer identification number			
	SPOONFULS, INC.					27-1810	597			
Part I Fundraising Activities. required to complete this part	 Complete if the organization answet. 	red "Ye	s" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	I filers are not			
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations										
 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) D fundrai have cus or contri contributi	stody	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No							
Total 3 List all states in which the organization	on is registered or licensed to solicit o			s or has been notified	l it is	exempt from re	egistration			
or licensing.										
	_									
						· · · · · ·				

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

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

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.										
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events					
			ULTIMATE	25TH MILLION		(add col. (a) through					
			TAILGATE	POUNDS	1	col. (c))					
a)			(event type)	(event type)	(total number)	60i. (6))					
ň											
Revenue	1	Gross receipts	250,232.	53,828.	21,460.	325,520.					
ш											
	2	Less: Contributions	223,763.	46,650.	16,224.	286,637.					
	3	Gross income (line 1 minus line 2)	26,469.	7,178.	5,236.	38,883.					
	4	Cash prizes									
	_										
တ္	5	Noncash prizes									
nse	_	Double - Who are to	2,100.	13,200.	15,658.	30,958.					
хре	6	Rent/facility costs	2,100.	13,200.	13,030.	30,930.					
Direct Expenses	7	Food and haverages	16,000.	15,000.		31,000.					
jrec	′	Food and beverages	10,000.	15,000.		31,000.					
	8	Entertainment									
	9	Other direct expenses	76,030.	2,998.	2,788.	81,816.					
	10				·	143,774.					
	11	Net income summary. Subtract line 10 from li				-104,891.					
Pa	Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than										
		\$15,000 on Form 990-EZ, line 6a.									
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add					
Revenue				bingo/progressive bingo	() ()	col. (a) through col. (c))					
Re											
	1	Gross revenue									
	2	Cook prizes									
ses	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
Ä											
irec	4	Rent/facility costs									
	5	Other direct expenses									
			Yes %	Yes %	Yes %						
	6	Volunteer labor	└── No	└── No	└── No						
	_	5									
	7	Direct expense summary. Add lines 2 through	1 5 in column (a)								
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)								
		Net garning income summary. Subtract line r	nomine i, column (u)								
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:								
		the organization licensed to conduct gaming a	_	states?		Yes No					
		No," explain:									
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No					
b	If "	Yes," explain:									

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 LOVIN SPOONFULS, INC.	27-1810597 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	142-1
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special even	ts books and records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives ga	ming revenue? Yes No
	-
b If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
C ii Tes, entername and address of the tilld party.	
News	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming pro	
retain the state gaming license?	Yes L No
b Enter the amount of distributions required under state law to be distributed to other exempt orga	anizations or spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, or	columns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instru	ctions.

SCHEDULE J (Form 990)

Compensation Information

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

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

INC.

LOVIN' SPOONFULS,

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number**

Open to Public Inspection

27-1810597

OMB No. 1545-0047

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ERIN PALMER KEOHANE	(i)	151,489.	40,000.	0.	18,456.	4,106.		0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ASHLEY STANLEY	(i)	156,713.	50,000.	0.	0.	3,890.	210,603.	0.
FOUNDER/EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAUREN PALUMBO	(i)	129,950.	0.	28,386.	12,995.	3,262.		0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

	LOVIN SPOON	FULS,	INC.		27-1	OTUS	9/	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminir	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	4,323,979	8,302,040.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other (
27	Other (
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, D	Donee Acknowledg	gement 29				
						,	Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it		ĺ	
	must hold for at least 3 years from the date of	the initial co	ontribution, and wh	nich isn't required to be used	for			
	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 re	equires the review	of any nonstandard contribu	ıtions?	31		X
32a	Does the organization hire or use third parties							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.	. ,						

LHA

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

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

LOVIN' SPOONFULS, INC.

Employer identification number 27-1810597

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HEALTHY, PERISHABLE FOOD THAT WOULD OTHERWISE BE DISCARDED. LOVIN' SPOONFULS WORKS EFFICIENTLY TO DELIVER THIS FOOD DIRECTLY TO THE COMMUNITY ORGANIZATIONS AND RESOURCES WHERE IT CAN HAVE THE GREATEST SPOONFULS IS COMMITTED TO ADDRESSING THE HEALTH, IMPACT. LOVIN' ENVIRONMENTAL AND ECONOMIC IMPACT THAT FOOD WASTE HAS ON OUR COMMUNITY. HEADQUARTED IN BOSTON, MA, LOVIN' SPOONFULS IS A 501(C)(3), NON-PROFIT ORGANIZATION. THE PLENTY PROGRAM AT LOVIN' SPOONFULS WILL PROVIDE BENEFICIARIES AND THOSE THAT THEY SERVE WITH THE EDUCATION, TOOLS AND KNOW-HOW THEY NEED TO STORE, PREPARE AND FURTHER UTILIZE THE FOOD THAT THE PRIMARY GOALS INCLUDE FRESH, RESOURCEFUL WE DELIVER TO THEM. PREPARATION AND THE SIMULTANEOUS EFFICIENCY AND MINIMIZATION OF KITCHEN WASTE AND EXCESS.

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

HAVE THE GREATEST IMPACT. LOVIN' SPOONFULS IS COMMITTED TO ADDRESSING

THE HEALTH, ENVIRONMENTAL AND ECONOMIC IMPACT THAT FOOD WASTE HAS ON

OUR COMMUNITY. HEADQUARTED IN BOSTON, MA, LOVIN' SPOONFULS IS A

501(C)(3), NON-PROFIT ORGANIZATION. ADD THE FOLLOWING: THE PLENTY

PROGRAM AT LOVIN' SPOONFULS WILL PROVIDE BENEFICIARIES AND THOSE THAT

THEY SERVE WITH THE EDUCATION, TOOLS AND KNOW-HOW THEY NEED TO STORE,

PREPARE AND FURTHER UTILIZE THE FOOD THAT WE DELIVER TO THEM. THE

PRIMARY GOALS INCLUDE FRESH, RESOURCEFUL PREPARATION AND THE

SIMULTANEOUS EFFICIENCY AND MINIMIZATION OF KITCHEN WASTE AND EXCESS.

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

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

Schedule O (Form 990) 2022

Page 2 Name of the organization **Employer identification number** LOVIN' SPOONFULS, INC. 27-1810597 THE 990 IS INITIALLY REVIEWED BY THE CFO AND IS THEN REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: UPON MEMBERSHIP, AND ANNUALLY THEREAFTER, BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD AND CONSULTING CFO COMPARED THE EXECUTIVE DIRECTOR'S SALARY TO THOSE OF OTHER DIRECTORS OF SIMILAR AGENCIES AS WELL AS TO WHAT LOVIN' SPOONFULS COULD AFFORD. THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD. THE EXECUTIVE DIRECTOR ABSTAINS FROM THIS PORTION OF THE MEETING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C: THE BOARD OF DIRECTORS AS A WHOLE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT. THE PROCESS HAS NOT CHANGED DURING 2022.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 27-1810597 LOVIN' SPOONFULS, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 189 WELLS AVENUE, 100 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 02459 NEWTON, MA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) SANDY CADES, CFO The books are in the care of ► 189 WELLS AVENUE, 100 -NEWTON, MA 02459 Telephone No. ► 617-390-4450 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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Form 8868 (Rev. 1-2022)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.