Form **990**

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Αr	or the	e 202 i calendar year, or tax year beginning and	i enaing		
B (Check if upplicab	C Name of organization		D Employer identifi	cation number
	Addre	LOVIN' SPOONFULS, INC.			
	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/suit	e E Telephone numbe	er
	Final return		100	617-390-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,388,845.
Г	Amen			H(a) Is this a group re	
\vdash	Applic			for subordinates	
	pendi	189 WELL AVENUE, SUITE 100, NEWTON, MA	024	5 H(b) Are all subordinates i	
	F-1/ -1/				
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) te: ► WWW • LOVINSPOONFULSINC • ORG	01 52	-	list. See instructions
			1. 1/	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Yea	r of formation: ZUIU	M State of legal domicile: MA
Pá	art I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ${ t LOVI}$ ORGANIZATION THAT FACILITATES THE RECOVE	RY AN	OONFULS IS A D DISTRIBUTI	N ON OF
rna	2	Check this box if the organization discontinued its operations or dispo	sed of mo	re than 25% of its net as	ssets.
ĕ		- · · · · · · · · · · · · · · · · · · ·		3	7
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1a)			6
∞ ∽		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			35
ţį					75
Ę	6	Total number of volunteers (estimate if necessary)		······	0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
				Prior Year	Current Year
Pe		Contributions and grants (Part VIII, line 1h)		9,550,825.	
ē		Program service revenue (Part VIII, line 2g)		0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	L	17,082.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		128,867.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,696,774.	11,326,279.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	Г	1,465,893.	1,864,625.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e)	48.		
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,409,695.	8,071,617.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,875,588.	
	1	Revenue less expenses. Subtract line 18 from line 12		821,186.	
or es		Tovolido 1000 experiedo. Cabalade into 10 front into 12		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u> </u>	2,104,750.	3,214,196.
Ass Ba	21	Total liabilities (Part X, line 26)		527,820.	247,229.
Vet, und	22	Net assets or fund balances. Subtract line 21 from line 20	·····	1,576,930.	2,966,967.
	art II	Signature Block		1,370,330.	2,500,501
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	ne and etato	ments, and to the hest of m	v knowledge and belief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of w		•	y knowieuge and bellet, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on an information of w	mich prepar	er has any knowledge.	
		Signature of officer		I Date	
Sig		· · · · ·	попоп		
Her	е	ASHLEY STANLEY, FOUNDER/EXECUTIVE DIR	ECTOR		
		Type or print name and title		I Data	II DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	į	THOMAS F. MULDOON, CPA THOMAS F. MULDO	ON, C	08/16/22 if self-employ	P01561688
Pre	parer	Firm's name AAFCPAS, INC.		Firm's EIN ▶	04-2571780
Use	Only	Firm's address 50 WASHINGTON STREET			
		WESTBOROUGH, MA 01581		Phone no. 50	8-366-9100
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No
	01 12-0		ions.		Form 990 (2021)

	`	27-1810597	Page 2
Pai	rt III Statement of Program Service Accomplishments		77
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:	DECOMEDY A	MD
	LOVIN' SPOONFULS IS AN ORGANIZATION THAT FACILITATES THE DISTRIBUTION OF HEALTHY, PERISHABLE FOOD THAT WOULD OTHER		עמו
	DISCARDED. LOVIN' SPOONFULS WORKS EFFICIENTLY TO DELIVER		
	DIRECTLY TO THE COMMUNITY ORGANIZATIONS AND RESOURCES WHE		
		ME II CAN	
2	Did the organization undertake any significant program services during the year which were not listed on the	□v _{aa}	X No
	prior Form 990 or 990-EZ?	Yes	LA NO
•	If "Yes," describe these new services on Schedule O.	Yes	Y Na
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	_2 <u>2</u> _ NO
4	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 m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, a	and
_	revenue, if any, for each program service reported. (Code:) (Expenses \$ 8,941,302 • including grants of \$) (Revenue \$	1.0	421.)
4a	(Code:) (Expenses \$8,941,302. including grants of \$) (Revenue \$ DELIVERY OF PERISHABLE/NONPERISHABLE AND UNSERVED FOODS I		
	LOCAL CRISIS CENTERS, SOUP KITCHENS, FOOD BANKS, SHELTERS		
	SOCIAL ASSISTANCE ENTITIES.	MID OTHER	
	SOCIAL ASSISTANCE ENTITIES.		
41-			
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
70	(Code:) (Expenses a) (nevertible a	,	
	Other program conject (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.)	1	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 8,941,302.)	
40	Total program service expenses ▶ 8,941,302.	Earm Q	90 (2021)
		1 01111 3	 (CUCI)

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			
	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	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	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		x
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	11.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
19	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\vdash
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV Checklis	t of Required Sc	hedules (continued)		

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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		X
	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	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III	27		Х
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			, v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11		Yes	No
b	The state that the state of the			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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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	35					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	Х			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions					v		
3a				3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial		•	4-		x		
h	If "Yes," enter the name of the foreign country	accour	IU?	4a		22		
Б	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	CCOLIN	te (FRAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	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 contribut							
	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 set	vices p	rovided to the payor?	7a	X			
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 w	as requ	uired					
	to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
•	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? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b				
10	Section 501(c)(7) organizations. Enter:			90				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	, ,, , , ,	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l I						
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c		44		Х		
14a				14a				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the properties subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuse			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?							
	If "Yes," see the instructions and file Form 4720, Schedule N.			15		X		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	ıt incor	ne?	16		х		
	If "Yes," complete Form 4720, Schedule O.	1001						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv						
	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 1a 17			
	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			
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.)			
	and an analysis of the mental analysis of the mental analysis of the mental and an analysis of t		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	on Schedule O how this was done	12c	Х	
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	Х	
	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		Х
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	100		
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.	o orny	, availe	
	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, ar	d fina	ncial	
	statements available to the public during the tax year.	IUI	.orai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SANDY CADES, CFO - 617-267-1031			
	189 WELLS AVENUE, SUITE 100, NEWTON, MA 02459			

132006 12-09-21

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, 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) Name and title	(B) Average hours per week	bo	o not o x, unle	Pos check ess pe	more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizatio below line)	su Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensatior from the organization and related organizations
(1) ASHLEY STANLEY FOUNDER/EXECUTIVE DIRECTOR	40.0	$\begin{bmatrix} 0 \\ x \end{bmatrix}$		x				140,108.	0.	3,396
(2) LAUREN PALUMBO	40.0		+	^				140,100.	0.	3,390
CHIEF OPERATING OFFICER	40.0	\dashv				X		116,195.	0.	10,350
(3) SANDY CADES	2.0	0						110/1331		10,000
TREASURER/CFO		x		х				0.	0.	(
(4) ANDREW YOUNISS	2.0	0								
BOARD MEMBER		X						0.	0.	(
(5) ADAM AMONTEA	2.0		П		4					
BOARD MEMBER		X						0.	0.	
(6) ADAM KAHN	2.0			l					•	
SECRETARY	2.0	X		Х		_		0.	0.	(
(7) LISA FALL CHAIR	2.0	x	1	x				0.	0.	(
(8) NANCY FREED	2.0		+	┢				0.	0.	
BOARD MEMBER	2.0	\dashv_{x}						0.	0.	(
			_							
		\dashv								
			T							
		-	-	_						
		\dashv								
			T							
			\perp	L	L	L	L			

Form **990** (2021)

Part V	Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)	-			
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation			nount	of
		week	-	Cei aii		lecic) / ii us	1	from	from related		l	other	
		(list any hours for	irecto						the	organization			pensa	
		related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizati	
		organizations	ruste	l trus		ee ee	nben		1099-NEC)	1099-1120)		·	d relati	
		below	dualt	tiona	_	nploy	st cor	<u></u>	100011420)				anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Ĭ		
			Ī			_								
			_											
1b Su	btotal	l							256,303.		0.	1	3,7	46.
c To	tal from continuation sheets to Part VI	I, Section A							0.		0.			0.
d To	tal (add lines 1b and 1c)							>	256,303.		0.	1	3,7	46.
2 Tot	tal number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			_
cor	mpensation from the organization			-		4							Yes	2 No
3 Dic	I the organization list any former officer,	director, trust	ee, I	key e	emp	loye	e, or	r hig	ghest compensated emp	oloyee on			103	140
	e 1a? If "Yes," complete Schedule J for s											3		X
4 For	r any individual listed on line 1a, is the su	ım of reportab	le c	/										
	d related organizations greater than \$150											4		Х
	I any person listed on line 1a receive or andered to the organization? If "Yes," com	· · · · · · · · · · · · · · · · · · ·				-			ted organization or indivi			5		Х
	B. Independent Contractors	piete Geriedan	001	0/ 30	2011	porc								
	mplete this table for your five highest co										npens	ation	from	
tne	e organization. Report compensation for (A)	tne calendar y	ear	enai	ng v	vitn	or w	ritnir	n the organization's tax (B)	year.		((<u>,,</u>	
	Name and business	address	N	INC	3				Description of s	ervices	С		nsatio	n
								_						
2 Tot	tal number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
	00,000 of compensation from the organi						0		•				000	2004
												Form	99U ()	ノロク1)

Pa	rt v	Ш		or note to any lin	o in this Dort VIII			
			Check if Schedule O contains a response of	or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
						iunction revenue	business revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns1a					
Gra			Membership dues 1b					
ts, Am			Fundraising events 1c	104,895.				
텵		d	Related organizations 1d					
ns, Sim			Government grants (contributions) 1e	247,138.				
rtio er \$		f	All other contributions, gifts, grants, and					
듗된			similar amounts not included above 1f	10,990,204.				
ont nd (_	Noncash contributions included in lines 1a-1f 1g \$	7,417,955.				
<u>a</u> C		h	Total. Add lines 1a-1f		11,342,237.			
	_		+	Business Code				
/ice	2							
Servine		b						
m S		C						
gra Re		d						
Program Service Revenue		e •	All other program service revenue					
			Total. Add lines 2a-2f					
	3	9	Investment income (including dividends, interes					
			other similar amounts)	•	127.			127.
	4		Income from investment of tax-exempt bond pr					
	5		Royalties	-				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a	13,370.				
ø.		b	Less: cost or other basis					
ž			and sales expenses7b	0.				
Revenue		С	Gain or (loss) 7c	13,370.	12 270			12 270
e. R			Net gain or (loss)	>	13,370.			13,370.
Oth	8	а	Gross income from fundraising events (not including \$ 104,895. of					
J			contributions reported on line 1c). See					
			Part IV, line 188a	14,690.				
		h	Less: direct expenses 8b	62,566.				
			Not income ou (local) fuence founducioires ou conte	>	-47,876.			-47,876.
			Gross income from gaming activities. See		,			,
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory	_				
ns				Business Code		4		
eo ne			MISCELLANEOUS	900099	18,421.	18,421.		
ilar ven		b						
Miscellaneous Revenue		C C	All other revenue					
Ξ			All other revenue		18,421.			
	12	€	Total. Add lines 11a-11d Total revenue. See instructions	P	11,326,279.	18,421.	0.	-34,379.
					, :=:, ;=: •	,•		,

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Form **990** (2021)

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).

י אם	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations 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,				
	trustees, and key employees	143,504.	71,752.		71,752
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,390,442.	899,168.	36,708.	454,566
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	166,216.	114,072.	5,179.	46,965
0	Payroll taxes	164,463.	106,079.	4,140.	54,244
1	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	54,774.		54,774.	
	Lobbying				
	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 0.)	87,599.	4,102.	67,358.	16,139
12	Advertising and promotion				
13	Office expenses	80,172.	22,873.	40,360.	16,939
14	Information technology				
15	Royalties				
16	Occupancy	80,901.	39,814.	21,208.	19,879
17	Travel	10,458.	9,151.	761.	546
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	8,643.	8,643.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	123,509.	119,148.		4,361
23	Insurance	7,683.	311.	7,061.	311
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	IN-KIND FOOD	7,417,955.	7,417,955.		
b	VEHICLE EXPENSES	85,461.	85,461.		
С	MISCELLANEOUS	39,212.	22,974.	9,789.	6,449
d	STAFF TRAINING	23,719.	3,374.	19,662.	683
е	All other expenses	51,531.	16,425.	16,392.	18,714
.5	Total functional expenses. Add lines 1 through 24e	9,936,242.	8,941,302.	283,392.	711,548
26	Joint costs. Complete this line only if the organization	-	-	•	-
	reported in column (B) joint costs from a combined				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	educational campaign and fundraising solicitation.				

Form 990 (2021) Part X Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,493,657.	1	1,734,375
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			204,245.	3	1,080,951
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	ılified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	F		6		
jts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			0.4.000	8	F0 00F
۹	9				24,078.	9	50,907
	10a	Land, buildings, and equipment: cost or other		607 040			
		basis. Complete Part VI of Schedule D		607,042.	200 140		225 424
		Less: accumulated depreciation			380,140.	10c	335,434 12,529
	11	Investments - publicly traded securities			2,630.	11	12,529
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			2,104,750.	15	3,214,196
\dashv	16	Total assets. Add lines 1 through 15 (must eq			66,643.	16 17	103,197
	17 18	Accounts payable and accrued expenses			00,013.	18	103,137
	19	Grants payable		19			
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities				21	
,	22	Loans and other payables to any current or for					
Ė.		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
ਵ	23	Secured mortgages and notes payable to unre			214,039.	23	144,032
	24	Unsecured notes and loans payable to unrelat			247,138.	24	·
	25	Other liabilities (including federal income tax, p		_	-		
		parties, and other liabilities not included on line					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			527,820.	26	247,229
,		Organizations that follow FASB ASC 958, ch	eck her	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.					
lar	27	Net assets without donor restrictions			1,313,430.	27	1,809,442
ğ	28	Net assets with donor restrictions			263,500.	28	1,157,525
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
느		and complete lines 29 through 33.					
l sc	29	Capital stock or trust principal, or current fund				29	
Sse	30	Paid-in or capital surplus, or land, building, or e		—		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1 556 000	31	0.066.065
ž	32	Total net assets or fund balances			1,576,930.	32	2,966,967
	33	Total liabilities and net assets/fund balances			2,104,750.	33	3,214,196 Form 990 (2021

Form	1990 (2021) LOVIN' SPOONFULS, INC.	27-1810	597	Pag	ge 12		
Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1 11	,32	5,2	79.		
2	Total expenses (must equal Part IX, column (A), line 25)		,93				
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1						
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 2	,96	5,9	<u>67.</u>		
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				LX.		
				Yes	No		
1	Accounting method used to prepare the Form 990:						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,					
	consolidated basis, or both:						
	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						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	9 90 ((2021)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number LOVIN' SPOONFULS, INC. 27-1810597 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

Total

Schedule A (Form 990) 2021 LOVIN' SPOONFULS, INC. 27-1810

	(Complete only if you checked fails to qualify under the tests	the box on line 5	5, 7, or 8 of Part I	or if the organization			-
Se	ction A. Public Support	isted below, piez	ase complete Far				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(2) 23 13	(6) 2515	(4) 2020	(0) 2021	(i) rotal
-	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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
Ū	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support					•	•
Cal	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	organization's fi	rst, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						>
<u>Se</u>	ction C. Computation of Public	Support Pe	rcentage				
	Public support percentage for 2021 (lin		•			14	%
	Public support percentage from 2020					15	%
16	a 33 1/3% support test - 2021. If the or						
	stop here. The organization qualifies a						
ı	o 33 1/3% support test - 2020. If the or						his box
	and stop here. The organization qualif						▶□
17	a 10% -facts-and-circumstances test	- 2021. If the org	janization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts				<u>=</u>	VI how the organize	zation
	meets the facts-and-circumstances tes	-		*	-		
ı	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circu	mstances test. T	he organization g	ualifies as a public	ly supported organ	nization	▶∟

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	ciew, piedoc cemp	noto i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2017	(2) 2010	(6) 2010	(4) 2020	(6) 2021	(i) rotal
·	membership fees received. (Do not						
	include any "unusual grants.")	5,506,164.	6,947,121.	7,920,226.	9,550,825.	11,342,237.	41,266,573.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	, ,	, ,	, ,	, ,	, ,	
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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	5,506,164.	6,947,121.	7,920,226.	9,550,825.	11,342,237.	41,266,573.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						41,266,573.
	Public support. (Subtract line 7c from line 6.)						41,200,575.
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(a) 2021	(f) Total
	Amounts from line 6	5,506,164.	6,947,121.	7,920,226.	9,550,825.	(e) 2021 11,342,237.	(f) Total 41,266,573.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	32.	52.	7,520,220.	82.	127.	293.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b	32.	52.		82.	127.	293.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	20,106.	30,574.	27,633.	67,249.	18,421.	163,983.
13	Total support. (Add lines 9, 10c, 11, and 12.)	5,526,302.	6,977,747.	7,947,859.	9,618,156.	11,360,785.	41,430,849.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	ion,
	check this box and stop here						>
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2021 (li	ine 8, column (f), d	ivided by line 13, o	column (f))		15	99.60 %
	Public support percentage from 2020					16	99.48 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.00 %
	Investment income percentage from 2	•				18	%
19a	a 33 1/3% support tests - 2021. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the						∑ X
	line 18 is not more than 33 1/3%, che	ck this box and st o	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organization	n did not check a l	hox on line 14 19a	or 19h check th	is hox and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *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		
- Gu		
3b		
3с		
4a		
4b		
4c		
40		
5a		
- Gu		
5b		
5c		
_		
6		
7		
c		
8		
9a		
9b		
30		
9с		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
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		
Sect	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			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	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 suppo	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	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			
<u> </u>	the supported organization(s).	1		<u> </u>
Seci	tion D. All Type III Supporting Organizations			T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	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 instru c			
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 instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	(000	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

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

Schedule A (Form 990) 2021

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	on D	- Distributions		·		Current Year
1	Amou	unts paid to supported organizations to accomplish exe		1		
2	Amou	unts paid to perform activity that directly furthers exemp				
	orgar	nizations, in excess of income from activity		2		
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amou	unts paid to acquire exempt-use assets			4	
5	Quali	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other	r distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distri	butions to attentive supported organizations to which the	ne organization is responsive)		
	(provi	ide details in Part VI). See instructions.			8	
9	Distri	butable amount for 2021 from Section C, line 6			9	
10	Line 8	8 amount divided by line 9 amount			10	
Secti	on E -	- Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distri	butable amount for 2021 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2021 (reason-				
	able	cause required - explain in Part VI). See instructions.				
3						
a	a From 2016					
b	From	2017				
c	c From 2018					
d	From	2019				
е	From	2020				
f	Total	of lines 3a through 3e				
g	Appli	ed to underdistributions of prior years				
h	Appli	ed to 2021 distributable amount				
i_	Carry	rover from 2016 not applied (see instructions)				
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distri	butions for 2021 from Section D,				
	line 7	: \$				
a	Appli	ed to underdistributions of prior years				
b	Appli	ed to 2021 distributable amount				
c	Rema	ainder. Subtract lines 4a and 4b from line 4.				
5	Rema	aining underdistributions for years prior to 2021, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than:	zero, explain in Part VI. See instructions.				
6	Rema	aining underdistributions for 2021. Subtract lines 3h				
	and 4	Ib from line 1. For result greater than zero, explain in				
	Part '	VI. See instructions.				
7	Exce	ss distributions carryover to 2022. Add lines 3j				
	and 4					
8	Break	kdown of line 7:				
a	Exces	ss from 2017				
b	Exces	ss from 2018				
c	Exces	ss from 2019				
d	Exces	ss from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

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

SCHEDULE 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, INC. **Employer identification number** 27-1810597

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	(a) Done, authors famile	(a) r and and and account				
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	Learning that the assets held in donor advised	d funds				
3	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
Ü	for charitable purposes and not for the benefit of the donor of						
Par							
1	Purpose(s) of conservation easements held by the organizat		,				
•	Preservation of land for public use (for example, recrea		historically important land area				
	Protection of natural habitat		certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	f 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				
	Total acreage restricted by conservation easements						
	Number of conservation easements on a certified historic str						
	Number of conservation easements included in (c) acquired						
	listed in the National Register						
3	Number of conservation easements modified, transferred, re						
	year▶						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the pe						
	violations, and enforcement of the conservation easements i		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
	>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year				
	▶ \$						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement and				
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statemer	nts that describes the				
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ner Similar Assets.				
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement an	d balance sheet works				
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furt	herance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 tre	asures, or other similar assets for financial 🤉	gain, provide				
	the following amounts required to be reported under FASB A	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		> \$				
<u>b</u>	Assets included in Form 990, Part X		> \$				
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021				

132051 10-28-21

Schedule D (Form 990) 2021

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

335,434

Schedule D (Form 990) 2021 LOVIN' SPOON	IFULS, I	NC.	2	7-1810597 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o				
(a) Description of security or category (including name of security)	(b) Book v	alue	(c) Method of valuation: Cost or e	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" o				
(a) Description of investment	(b) Book v	alue	(c) Method of valuation: Cost or e	end-of-year market value
(1)			4	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o		art IV, line	11d. See Form 990, Part X, line 15.	1
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)	_			
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.))	<u> </u>
Part X Other Liabilities.	- F 200 5	- 4 1) / 11	14 146 O F 200 D - 1 V "	05
Complete if the organization answered "Yes" o	n Form 990, Pa	art IV, line	i ie or 11t. See Form 990, Part X, line	i
1. (a) Description of liability				(b) Book value
(1) Federal income taxes				-
(2)				1
(3)				-
(4)				1

(3) (4) (5) (6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

26,462.

9,936,242.

9,936,242.

2e

4c

Sche	edule D	(Form 990) 2021	LOVIN'	SPOONFULS,	INC.			27-	1810597 P	age 4
Pai	rt XI	Reconciliation of	f Revenue	per Audited Fina	ncial Statemer	nts With	Revenue per F	Retur	n.	
		Complete if the organ	nization answer	ed "Yes" on Form 990), Part IV, line 12a.					
1	Total	revenue, gains, and otl	ner support per	audited financial stat	ements			1	11,352,7	41.
2	Amou	ınts included on line 1 l	but not on Forn	n 990, Part VIII, line 12	2:					
а	Net u	nrealized gains (losses)	on investment	s		2a				
b	Dona	ted services and use o	f facilities			2b	26,462.			
С	Reco	veries of prior year grar	nts			2c				
d	Other	(Describe in Part XIII.)				2d				
е	Add li	ines 2a through 2d						2e	26,4	
3								3	11,326,2	79.
4	Amou	ınts included on Form 9	990, Part VIII, li	ne 12, but not on line	1:					
а	Inves	tment expenses not inc	cluded on Form	990, Part VIII, line 7b		4a				
b	Other	(Describe in Part XIII.)				4b				
С	Add li	ines 4a and 4b						4c		0.
		revenue. Add lines 3 ar							11,326,2	79.
Pa	rt XII	Reconciliation of	of Expenses	per Audited Fina	ancial Stateme	ents With	n Expenses per	Retu	ırn.	
		Complete if the organ	nization answer	ed "Yes" on Form 990), Part IV, line 12a.					
1	Total	expenses and losses p	er audited fina	ncial statements				1	9,962,7	04.
2	Amou	ınts included on line 1 l	but not on Forn	n 990, Part IX, line 25:						
а	Dona	ted services and use o	f facilities			2a	26,462.			
b	Prior	year adjustments				2b				

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

b Other (Describe in Part XIII.) c Add lines 4a and 4b

d Other (Describe in Part XIII.)

e Add lines 2a through 2d

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

3 Subtract line 2e from line 1

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

PART X, LINE 2:

THE 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 2021. THE AGENCY'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Part XIII Supplemental In	LOVIN' SPOONFULS, INC.	27-1810597 Page 5
Part XIII Supplemental In	formation (continued)	
-		
	4	
-		

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

2021

Open to Public Inspection

Name of the organization Employer identification number LOVIN' SPOONFULS, INC. 27-1810597 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990) 2021

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		NONE	(add col. (a) through				
			TAILGATE	CHEF-A-THON		col. (c))				
a)			(event type)	(event type)	(total number)	COI. (C))				
Revenue										
eve	1	Gross receipts	89,572.	30,013.		119,585.				
ш										
	2	Less: Contributions	79,300.	25,595.		104,895.				
	3	Gross income (line 1 minus line 2)	10,272.	4,418.		14,690.				
	4	Cash prizes								
	5	Noncash prizes								
ses										
oen	6	Rent/facility costs								
Direct Expenses				A						
ect	7	Food and beverages	5,415.			5,415.				
ā										
	8	Entertainment	40.054	0.000						
	9	Other direct expenses	48,251.			57,151.				
	10		. ,			62,566. -47,876.				
Do	rt I	Net income summary. Subtract line 10 from li		- 000 D-+ IV I' 10		-47,070.				
Га		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than					
		\$15,000 off Form 990-EZ, lifte 6a.		(b) Pull tabs/instant		(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
ver				3 1 3 3						
Re	4	Gross revenue								
	•	Greed revenue								
"	2	Cash prizes								
Sec	_									
Direct Expenses	3	Noncash prizes								
τĒ										
irec	4	Rent/facility costs								
О										
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	└── No	└── No	└── No					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))					
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?										
			Yes No							
b	IT "	No," explain:								
10-	\\\\c	are any of the organization's gamina licenses to	avoked ellenondod ort	erminated during the tay	vear?	Yes No				
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No of "Yes," explain:									
J	"	Too, onpiairi.								

Schedule G (Form 990) 2021

132082 10-21-21

Sch	nedule G (Form 990) 2021	LOVIN'	SPOONFULS,	INC.	27-2	1810597	Page 3
11	Does the organization conduct ga					Yes	☐ No
	Is the organization a grantor, ben-						
	to administer charitable gaming?					Yes	☐ No
13	Indicate the percentage of gamin	g activity cond	ucted in:				
á	The organization's facility					13a	%
	An outside facility						%
14	Enter the name and address of th	ne person who	prepares the organiza	tion's gaming/speci	al events books and records:		
	Name ►						
	Address ►						
15	a Does the organization have a con	itract with a thi	rd party from whom th	ne organization rece	ives gaming revenue?	Yes	☐ No
	o If "Yes," enter the amount of gam	ning rovonuo ro	coived by the organize	ation • ¢	and the amount		
•	of gaming revenue retained by the				and the amount		
,	If "Yes," enter name and address			_			
`	The rest, effici fiame and address	or the time pa	ity.				
	Name						
	Address >						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	> \$					
	5	_					
	Description of services provided						
				- 	-		
	Director/officer	Employe	e Ind	dependent contract	or		
17	Mandatory distributions:						
	Is the organization required under	r state law to m	nake charitable distrib	utions from the gam	ing proceeds to		
						Yes	☐ No
ŀ	Enter the amount of distributions					•••	
	organization's own exempt activit						
Pa	rt IV Supplemental Infor	mation. Prov	vide the explanations	required by Part I, lin	ne 2b, columns (iii) and (v); and Pa	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Al	so provide any additio	nal information. See	e instructions.		

Schedule G (Form 990)	LOVIN' SPOON	FULS, INC.	27-1810597 _{Page}
Part IV	Supplemental Info	LOVIN' SPOON prmation (continued)		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization LOVIN' SPOONFULS, INC. Employer identification number 27-1810597

Pai	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	c
		арріісавіс		Form 990, Part VIII, line 1g	Tioneasii contribu	tion a	HOUITE	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	4,144,109	7,417,955.	FMV			
20	Drugs and medical supplies							
21	Taxidermy	7						
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 828	83, Part V, [Oonee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be ι	ised for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31								X
32a	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							
ΙНΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 90	n	Schedule M	/Eorn	n 990)	2021

132142 11-17-21

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.

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

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 A, LINE 4:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization

LOVIN' SPOONFULS, INC.

Employer identification number 27-1810597

THE BY-LAWS WERE UPDATED IN 2021 TO REMOVE TERM LIMITS FOR BOARD MEMBERS,
AND TO REMOVE AN OUTDATED LIMIT OF 6 BOARD MEMBERS.

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

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 2021.

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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 Form 1041-A 01 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, SUITE 100 - NEWTON, MA 02459 Telephone No. ► 617-267-1031 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, 2022, 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 2021 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

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

Form 8868 (Rev. 1-2022)

instructions.