EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury

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

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

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

2023
Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Address change LOVIN' SPOONFULS 27-1810597 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 189 WELLS AVENUE 100 617-390-4450 termin ated City or town, state or province, country, and ZIP or foreign postal code 12,720,307. G Gross receipts \$ Amended return NEWTON MA 02459 H(a) Is this a group return Applica-F Name and address of principal officer: ASHLEY STANLEY for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.LOVINSPOONFULSINC.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2020 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: LOVIN' SPOONFULS IS AN Governance ORGANIZATION THAT FACILITATES THE RECOVERY AND DISTRIBUTION OF if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 6 4 45 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 55 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 12 494 681 12 538 771 Contributions and grants (Part VIII, line 1h) 8 Revenue Program service revenue (Part VIII, line 2g) 0 0. 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 79,096. -98.439 -161 696. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,396,242. 12,456,171. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,551,101, 2,792,958. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 9,377,111. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,349,010. 11,928,212. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,141,968. 468.030. -685 797. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 4.395.145 20 Total assets (Part X, line 16) 3 343 625 960 148. Total liabilities (Part X, line 26) 639,085 22 Net assets or fund balances. Subtract line 21 from line 20 3,434,997. 2,704,540. | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign ASHLEY STANLEY EXECUTIVE DIRECTOR Here Type or print name and title Date Check Print/Type preparer's name Preparer's signature PATRICK J. MARTIN Paid PATRICK J. MARTIN 08/13/24 P00283486 Preparer KAHN, LITWIN, RENZA & CO. Firm's EIN 05-0409384 Firm's name Firm's address 951 NORTH MAIN STREET Use Only PROVIDENCE, RI 02904 Phone no. 401 - 274 - 2001 May the IRS discuss this return with the preparer shown above? See instructions Yes

	m 990 (2023) LOVIN' SPOONFULS	27-181059	7 Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	LOVIN' SPOONFULS IS AN ORGANIZATION THAT FACILITATES THE RECOVERY	AND	
	DISTRIBUTION OF HEALTHY, PERISHABLE FOOD THAT WOULD OTHERWISE BE		
	DISCARDED, LOVIN' SPOONFULS WORKS EFFICIENTLY TO DELIVER THIS FOO	DD .	
	DIRECTLY TO THE COMMUNITY ORGANIZATIONS AND RESOURCES WHERE IT CA	r _M	
2	Did the organization undertake any significant program services during the year which w	ere not listed on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts,	any program services?	Ves X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three large	st program services, as measured by ay	/nencec
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants		
	revenue if any for each program carvice reported		oriaca, ario
4a	44 000 000) /Payantia 6	15,228.)
	IN THE U.S. 38% OF ALL FOOD GOES UNSOLD OR UNEATEN. ACROSS	/ (havelide \$	
	MASSACHUSETTS ALONE, OVER 1 MILLION TONS OF FOOD HIT THE WASTE ST	REAM	
	ANNUALLY WHILE 1 IN 6 HOUSEHOLDS FACES FOOD INSECURITY.		
			
	THE ORGANIZATION HAS KEPT GOOD FOOD FROM GOING TO WASTE, THROUGH	FOOD	
	RECOVERY AND DISTRIBUTION, EDUCATION, AND ADVOCACY, THE ORGANIZATION		
	WORKS TO ADDRESS THE HEALTH, ENVIRONMENTAL, AND ECONOMIC IMPACT T		
	WASTED FOOD HAS ON PEOPLE AND THE PLANET, SINCE FOUNDING, THE		
	ORGANIZATION HAS RECOVERED OVER 30 MILLION POUNDS OF FOOD AND		
	DISTRIBUTED IT ACROSS MASSACHUSETTS.		
	THE ORGANIZATION SOURCES UNSOLD, FRESH FOOD (LIKE FRUITS AND VEGO	TES	
4b			
713	(COOD). Including that is a second of the coop of the) (Revenue \$	
			
			·····
			-
4c	(Code:) (Expenses \$ including grants of \$	\ /-	
46	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			·
			·
4d	Other program services (Describe on Schedule O.)		
4u		1. to	1
	(Expenses S including grants of \$ Total program service expenses 11,330,253.	(Revanue \$	1
70	rotal program service expenses		Form 990 (2023)
			rum əəv (2023)

Form 990 (2023) LOVIN' SPOONFULS 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>x</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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? If "Yes," complete	_		.,
_	Schedule D, Part III	8_		Х -
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		,,
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا . ا		J
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a			х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
b		445		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		<u> </u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	116	.	1
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-1.75		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' ''		
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	,,,,,,		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	l	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			}
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	\perp
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	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	<u> </u>	х
0.0000	2 42 21 22	[aan	/מרחמ/

332003 12-21-23

Form 990 (2023) LOVIN' SPOONFULS

Part IV Checklist of Required Schedules (continued)

and the same	Continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
2.2	Part IX, column (A), line 27 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	
24 a	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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
G	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	1	
d	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	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			ĺ
	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,	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	-		
	"Yes," complete Schedule L, Part IV	28a		х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			ĺ
	"Yes," complete Schedule L, Part IV	28c	<u> </u>	_ <u>x</u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		İ	
	Part V, line 1	34	ļ <u>.</u>	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule B, 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	L,
Pat	Statements Regarding Other IRS Filings and Tax Compliance			
-	Check if Schedule O contains a response or note to any line in this Part V		·····	
	51 11 11 11 11 11 11 11 11 11 11 11 11 1	A PROPERTY OF	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14	1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	(gambling) winnings to prize winners?	1c	Х	rerises
332004	1 12-21-23		ــــــــــــــــــــــــــــــــــــــ	(2023)

	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u>′ </u>	P	age o
	Statements negariting other into rinings and rax compliance (continued)			
_		February 1	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			200000000000000000000000000000000000000
	filed for the calendar year ending with or within the year covered by this return 2a 45			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	.,	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ĺ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		Х
С	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>		
_	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f		7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	 	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	111		
Ü				
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
	Did the appropriate executation make any toyolde distributions under a star 40000			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
.b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			Control of the
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		20000 00000 00000 20000 00000 00000 0000	
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	- year year of the		100 April 100 Ap
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Parameter Section Section 5	agent Consider
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Lemphanus	125 12
	Note: See the instructions for additional information the organization must report on Schedule O.		AN ADD TO THE T	I service and a
b	Enter the amount of reserves the organization is required to maintain by the states in which the	C MARKET CONTROL		
	organization is licensed to issue qualified health plans	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		200000000000000000000000000000000000000
C	Enter the amount of reserves on hand		200000000000000000000000000000000000000	921-111-00
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	700		2000
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u></u>	х
	If "Yes," complete Form 4720, Schedule O.			5.0
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			90.30

332005 12-21-23

Form	990 (2023) LOVIN' SPOONFULS		27-18105	97	D	age 6			
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough			- Fi	age o			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	structions.	740 76	sapun	Se			
	Check if Schedule O contains a response or note to any line in this Part VI					х			
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	7						
	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 0.								
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								
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	*************	5		Х			
6	Did the organization have members or stockholders?			6		х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or						
	more members of the governing body?			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholo	ders, 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	r by the	following:						
a	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			_8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		*******************************	9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code.)						
			•		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a									
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confl	icts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? #")	'es," de	scribe						
	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 approva	l by ind	ependent		A probability of the control of the				
	$persons, \ comparability \ data, \ and \ contemporaneous \ substantiation \ of \ the \ deliberation \ and \ decision?$								
а	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b	X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			2000000		parameter 2000 pr. parties 2 state of 1 parties 2 state of			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	th a			200 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	taxable entity during the year?			16a		х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Appropriate Control of the Control o			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	s	100 100 100 100 100 100 100 100 100 100					
,	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed MA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	nd 990-	T (section 501(c)(3)	s only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain	on Sc.	hedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			id financ	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's body	oks and	records						
	SANDY CADES, CFO - 617-390-4450								
	189 WELLS AVENUE SHITE 100 NEWTON MA 02459					_			

332006 12-21-23

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A)	(B)	d organization compensat						(D)	(E)	(F)
Name and title	Average	l (do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				ne	Reportable	Reportable compensation	Estimated
	hours per	Бох					าลก	compensation		amount of
	week (list any	-		Γ			Ė	from the	from related organizations	other
	hours for	direct				_		organization	(W-2/1099-MISC/	compensation from the
	related	10 88	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
·	organizations	trust	al tru		yee	ad m		1099-NEC)	, , , , , , , , , , , , , , , , , , ,	and related
	below	Individual trustee or director	Institutional trustee	ᡖ	Key employee	Highest compensated employee	Ja.			organizations
	line)	ligi	Insti	Оппет	Key	声름	Farmer			
(1) ASHLEY STANLEY	40.00									
FOUNDER/CEC		X		х				166,522.	0.	20,913
(2) SEAN AHERN	40,00									
DIRECTOR OF OPERATIONS						х		101,138.	0.	8,459
(3) ERIN PALMER KEOHANE	40.00									
CHIEF ADVANCEMENT OFFICER				х				75,394.	0.	21,388
(4) LISA FALL	2.00					Π				· · · · · · · · · · · · · · · · · · ·
CHAIR		x		х	ŀ			0.	0,	0
(5) SANDY CADES	2.00									
TREASURER/CFO		x		х				0.	0.	0
(6) ADAM KAHN	2.00		Г							
SECRETARY		x		х				0.	0.	0
(7) ADAM AMONTEA	2.00									
BOARD MEMBER		x						0,	0.	0
(8) ARAMAND ADANDE	2.00									
BOARD MEMBER (TO 11/23)		x						0.	0.	0
(9) NANCY FREED	2,00									
BOARD MEMBER	·	x						0.	0.	0
(10) ANDY YOUNISS	2,00									
BOARD MEMBER		х						0.	0.	0
					l					
		1			İ					
				ļ						
		1	ŀ							
		_								
		1			ļ					
	·	t		-						
		1								
13.	1				\vdash	\vdash	\vdash			
		1								
	 		├┈	-		\vdash	├			
		1								[
		\vdash	 -		1				· · · · · · · · · · · · · · · · · · ·	
	L	J	I	ı	1	1	1	1	!	1

332007 12-21-23

Form 990 (2023) LOVIN' SPOON									27-181059	7 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	es,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			- (c)			(D)	(E)	(F)
Name and title	Average	(da		Posi neck ≀		l than c	one	Reportable	Reportable	Estimated
	hours per week					s both r/trus!		compensation	compensation	amount of
	(list any					1	,	from	from related	other
	hours for	Individual trustee or director	.			-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	BB 01	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ial TT		ıyee	ошре		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	vidual	Institutional trustee	181	Key employee	Highest compensated amployed	ner Ter	·		organizations
	line)	indi	lust	Officer	Key	High	Former			
THE PARTY OF THE P		\Box					_			
		_	-			_				
									78	· •
									-	, , , , , , , , , , , , , , , , , , ,
1b Subtotal								343,054.	0.	50,760.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								343,054.	0.	50,760
2 Total number of individuals (including but r compensation from the organization	ot limited to th	ose l	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	2
Componential noil the organization										Yes No
3 Did the organization list any former officer	, director, truste	e. k	ev e	ımpl	ove	e. or	hia	hest compensated emni	lovee on	
line 1a? If "Yes," complete Schedule J for s	-		-				_		*	3 X
4 For any individual listed on line 1a, is the se										

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Washington with the second sec and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
829 STUDIOS		
PO BOX 1323, BRATTLEBORO, VT 05302	WEBSITE AND BRANDING	136,450.
CCP CONSULTING		
19 STANLEY ROAD, SWAMPSCOTT, MA 01907	OUTSOURCE HR CONSULTING	109,983.
AAF CPA'S		
PO BOX 375, BRATTLEBORO, VT 05302	AUDIT SERVICES	105,130.
Total number of independent contractors (including but not limited \$100,000 of compensation from the organization.)	to those listed above) who received more than	

			Check if Schedule O co	nta	ins a res	onse	or note to any lin	4	(B)		
					·			(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
इंद्र	1	а	Federated campaigns		1 <u>12</u>						And the second of the second o
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1 <u>1</u> 1						Solver and the second of the s
S, G			Fundralsing events				433,124.				Secretary and the secretary of the secre
뜵펵		d	Related organizations				~				
S, il			Government grants (contrib		. –		87,790.				Section and Management of Section 2015 and the sect
		f	All other contributions, gifts, gr		- 1						Management of the control of the con
			similar amounts not included a				12,017,857.				Special and the second of the
텵		•	Nencash contributions included in lin	es 1a	a-1f 1 ç	\$	9,153,913.				Section 2 of the section of the sect
ਹੱਕ	-	h	Total, Add lines 1a-1f				I	12,538,771.			A STATE OF THE PROPERTY OF THE
							Business Code				agricultura con provincia planta i i in discolare del considera del cons
<u>.</u> 2		2 a									
Program Service Revenue		b						 			
Sell		C									
E S		d									*
Š		e	All -11								
"			All other program service re								
	g Total. Add lines 2a-2f 3 Investment income (including dividends, interes										1 The second of the second of
				-				28,135.			28,135,
	4		Income from investment of								20,220,
	5		Royalties			ond p	1000003				
	~			T	(i) Re	al	(ii) Personal				The second secon
	6	а	Gross rents	6a	.,,						The second of th
				6b							Sammer of the common of the co
				6c							
			Net rental income or (loss)_								
			Gross amount from sales of		(i) Secu		(ii) Other				
			assets other than inventory	7a			52,467.				Section Section (Section Provided Section Sect
		b	Less: cost or other basis								Special Security Security (Security Security Sec
g			and sales expenses	7b			1,506.				Committee of the commit
/en		С	Gain or (loss)	7c			50,961.			A CONTRACTOR OF THE PROPERTY O	A granter annual of a cond 1 of 1 de 7 de 7 de 7 de 7 de 7 de 7 de 7 de
Revenue			Net gain or (loss)			<u>,</u>	***************************************	50,961.			50,961.
Other	8	a	Gross income from fundraising	, eve	ents (not		1				Separation of a series of the
₹			including \$ 43	33,:	124. of			Entered to the Entered to Adaptive Control (1984)	100 mm (100 mm) (100	Last on the same and the same a	Section 2 of the control of the cont
			contributions reported on lin	ne 1	Ic). See				Particular school province of the control of the co	The contract of the contract of a rail of the contract of a rail of the contract of a rail of the contract of a rail of the contract of a rail of the contract of a rail of the contract of a rail of the contract of a rail of the contract o	The state of the s
			Part IV, line 18	<i></i> .		. 8a	85,706.		The state of the s	And the second s	A STATE OF THE STA
		b	Less: direct expenses			d8	262,630.	The second secon		The second secon	The control of the co
			Net income or (loss) from fu					-176,924.	and planes understand and the second		-176,924.
	9	а	Gross income from gaming					The second secon	Marie and the second se	The property of the control of the c	
			Part IV, line 19					A PART OF THE PART	ACTION A COMMON CONTROL OF THE COMMON CONTRO	And the second s	
							<u> </u>		Section of the character of the characte	The state of the s	
			Net income or (loss) from ga		•	ies	T		Angel 14 million of the control of t		
	10	a	Gross sales of inventory, les					part i fight of the county of	TO THE THE PARTY OF THE PARTY O		
			and allowances					The state of the s	Control of the contro	CONTROL OF THE PROPERTY OF THE	
			Less: cost of goods sold				·		A STATE OF THE PROPERTY OF THE	2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
+		С	Net income or (loss) from sa	iles	ot inven	ory	Pueiraka C : 4	leijeerusierusteeristeis k	(TUUTUS UUUS VI sebecauses maen o		PERSONAL PROPERTY.
<u>د</u>		_	MISCELLANEOUS INCOME				Business Code 900099	1E 220	15 330	ACOS CONTRACTOR	
le e	11		EIDCEHLANEOUS INCOME				200033	15,228.	15,228.		
ellanec evenue		b							-	-	
Miscellaneous Revenue		C	All other reports								
Σ			All other revenue					15,228.			
	12	Ę	Total, Add lines 11a-11d . Total revenue, See instruction				· · · · · · · · · · · · · · · · · · ·	12,456,171.	15,228,	0	-97,828.
			23	٠, ٠							Form 990 (2023

Form 990 (2023) LOVIN' SPOONFULS Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		1	Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	
	individuals. See Part IV, line 22				And the second s
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				The second secon
	individuals. See Part IV, lines 15 and 16				Property of the control of the contr
4	Benefits paid to or for members				A SPECIAL SECURITY SE
5	Compensation of current officers, directors,				
	trustees, and key employees	279,087.	93,718.	46,859.	138,510
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				15
7	Other salaries and wages	1,998,859.	1,197,062.	125,949.	675,848
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	25,799.	17,669.	3,517.	4,613
9	Other employee benefits	258,051.	158,199.	28,338.	71,514
10	Payroll taxes	231,162.	138,089.	17,999	75,074
11	Fees for services (nonemployees):				
a	Management				
b	Legal	1,275.		1,275.	
C	Accounting	125,151.		125,151.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		- Vertical Control		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch D.)	268,557.	93,063.	118,133.	57,361
12	Advertising and promotion	15,361.	324.	3,506.	11,531
13	Office expenses	186,705.	77,081.	69,347.	40,277
14	Information technology				
15	Royalties				
16	Occupancy	155,192.	72,660.	46,700.	35,832
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	64,894.	20,686.	41,073.	3,135
20	Interest	2,775.	2,775.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	162,025.	151,697.	7,825.	2,503
23	Insurance	14,536.	262.	14,012.	262
24	Other expenses. Itemize expenses not covered	The second secon	Control and Application of the Control and	The state of the s	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A).	The second of th	The second secon	The state of the s	
	amount, list line 24e expenses on Schedule 0.)	A STATE OF THE STA	The state of the s	The state of the s	and the second s
а	IN-KIND FOOD	9,153,913.	9,153,913.		
b	VEHICLE EXPENSES	130,672.	130,366.	306.	
C	MISCELLANEOUS	50,821.	22,627.	18,321.	9,873
d	BANK FEES	17,133.	62.	6,841.	10,230
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24c	13,141,968.	11,330,253.	675,152.	1,136,563
26	Joint costs. Complete this line only if the organization	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		, ,
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

332010 12-21-23

Form 990 (2023)
Part X Balance Sheet

		Check if Schedule O contains a response or no			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			2,144,433.	1	1,381,453
	2	Savings and temporary cash investments	• • • • • • • • • • • • • • • • • • • •			2	
	3	Pledges and grants receivable, net		1,186,771.	3	800,237	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current		The same a selection process of animal or a server because the delication of the selection	A CONTRACTOR OF THE CONTRACTOR		
		trustee, key employee, creator or founder, sub	And the state of t				
		controlled entity or family member of any of th	ese perso	ons		5	NATIONAL STATE OF THE PROPERTY
	6	Loans and other receivables from other disqua	llified per				
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
_ν	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<u> </u>	9	5 11		,,,,,,,	54,542.	9	53,80
	10a	Land, buildings, and equipment: cost or other		ार्थ १९४१ १९४१ १९४२			
		basis, Complete Part VI of Schedule D		998,363.			
	b	Less: accumulated depreciation		391,237.	373,300.	10c	607,12
	11	Investments - publicly traded securities			20,998.	11	26,76
	12	Investments - other securities. See Part IV, line				12	· · · · · · · · · · · · · · · · · · ·
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15				615,101.	15	474,23
	16	Total assets. Add lines 1 through 15 (must eq		1	4,395,145.	16	3,343,62
	17	Accounts payable and accrued expenses			246,733.	17	133,79
	18	Grants payable			18	, , , , , , , , , , , , , , , , , , ,	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
,,	22	Loans and other payables to any current or for		27			
iğ		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th		l"		22	
2	23	Secured mortgages and notes payable to unre	-			23	·
	24	Unsecured notes and loans payable to unrelat		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, p					· · · · · · · · · · · · · · · · · · ·
		parties, and other liabilities not included on line	•				
		of Schedule D	•	·	713,415.	25	505.28
	26				960,148.		639,08
\dashv		Organizations that follow FASB ASC 958, ch		[and the second s
န္မ		and complete lines 27, 28, 32, and 33.	10011 1707	, II	The second secon		A visit single sealing a visit being death of a visit being death of a visit single sealing and a visit single sealing sea
Š	27	and the second second			1,945,389.	27	2,026,92
2 2	28	Net assets with donor restrictions		1,489,608.	28	677,61	
9	20	Organizations that do not follow FASB ASC				20	and in the first in the second of the second
5		and complete lines 29 through 33.	330, CHE	ck liele	The second secon		The state of the s
5	20		В	ľ	*0.00.10015.6000.600000000000000000000000	00	A STATE OF THE PROPERTY OF THE
2	29	Capital stock or trust principal, or current fund			29		
0	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets of Fund balances	31	Retained earnings, endowment, accumulated		Г	3,434,997.	31	2 704 54
ž	32				· · · · · · · · · · · · · · · · · · ·	32	2,704,54
	33	Total liabilities and net assets/fund balances			4,395,145.	33	3,343,62 Form 990 (20

	1990 (2023) LOVIN' SPOONFULS	27-181059	7	Pag	_{je} 12
Pa	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	12,	456,	171.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,	141,	968.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	685,	797.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,	434,	997.
5	Net unrealized gains (losses) on investments	5		5,	340.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-50,	000.
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,	704,	540.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		,		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	o			
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 reviewed	ona			
	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 separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			THE COURSE OF
	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 Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				en di independi
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
d	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	<u> </u>				

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LOVIN' SPOONFULS

Employer identification number 27-1810597

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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, 4 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.) 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.) 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). 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. 🔟 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. 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. ___ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed n your governing document? (iii) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LOVIN' SPOONFULS 27-1810597 Schedule A (Form 990) 2023 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support, Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... 9 Net income from unrelated business activities, whether or not the 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 instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more. and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

Schedule A (Form 990) 2023

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2023 LOVIN' SPOONFULS 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and			· · ·		•	
	membership fees received. (Do not						
	include any "unusual grants.")	7,920,226.	9,550,825.	11,342,237.	12 494 681	12,538,771.	53,846,740.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose					85,706.	85,706.
3	Gross receipts from activities that					······································	
-	are not an unrelated trade or bus-				İ		
	iness under section 513						
Л	Tax revenues levied for the organ-						
.,	ization's benefit and either paid to	•					
	or expended on its behalf			ļ		İ	
E	The value of services or facilities						
ð	furnished by a governmental unit to						
	the organization without charge						
		7,920,226.	9,550,825.	11,342,237.	12,494,681,	12,624,477.	E2 020 446
	Total. Add lines 1 through 5	7,520,220.	5,550,025.	11,342,237.	12,494,001.	12,024,477.	53,932,446.
/2	Amounts included on lines 1, 2, and					ļ	
ı	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						
	amount on line 13 for the year						0.
	Add lines 7a and 7b				7. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		0.
8	Public support. (Subtract line 7c from line 6.)					And the second s	53,932,446.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	7,920,226.	9,550,825.	11,342,237.	12,494,681.	12,624,477.	53,932,446.
106	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,				_		
	and income from similar sources	0.	82.	127.	0.	28,135.	28,344.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						***
	: Add lines 10a and 10b		82.	127.		28 135	28,344.
11	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	27,633.	67,249.	18,421.	6,452.	15,228.	134,983.
13	Total support. (Add lines 9, 10c, 11, and 12.)	7,947,859.	9,618,156.	11,360,785.	12,501,133.	12,667,840.	54,095,773.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here	***************************************	************************	, <i>,</i>			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	99.70 %
16	Public support percentage from 2022	Schedule A, Part I	ll, line 15		***	16	99,69 %
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (li ne 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.05 %
18	Investment income percentage from :	2022 Schedule A, F	Part III, line 17	*/		18	.00 %
198	33 1/3% support tests - 2023. If the	organization did ne				3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						х
k	33 1/3% support tests - 2022. If the		-				—жаз
	line 18 is not more than 33 1/3%, che	_			•	,	
20	Private foundation. If the organization						
	23 12-21-23						(Form 990) 2023

Part V Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? # "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? | f "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 Lof 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
		, accession to
i 1		
	La bodică	
Control of the contro		
	. 100 2 100 100 100 100 100 100 100 100 1	
2	100104	de con commo
le i e		
3a		
The state of the s		
100000000000000000000000000000000000000		AT A 18000 H 00*******************************
1	Corr. Programme and plan.	***************************************
3b		STEEL STATES
Francisco Control		
3с		

47177711111	2000	Automotive (propper
4a		1
an analysis of the second		a spinore of head of
4b	1	
	2.22.22	
protein and the protein and th	200	
or not compared to the control of th		
		200000000000000000000000000000000000000
4c		
		Journal of Property
0.0 mg/d		
A Professional Control		
25 - 25 - 25 - 25 - 25 - 25 - 25 - 25 -		
	22222	F1001100
5a		1
	200000000000000000000000000000000000000	Apple of the Apple
and which is an information of the com-	0.000000	San Control
5b		ļ
5c		
	(100 ferror) (0.00) (0.00)	7,0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
per antenna per an		2 Ampan more 974
The second secon	000000000000000000000000000000000000000	
	C pure production	
7. (3m) V. 600 (M)		
6	}	1
6	1	in report to
7.0.7000000		Anthropy and the first of the control of the contro
	Principle of	
7		1
The challed and the	Sec.	2000
ΙR	1	
		Property of the control of the contr
77.70.70.70.70	A CONTRACTOR OF THE PARTY OF TH	200000
		1
_ 9a	2 202 200	
10-11-13 10-11-13	177.25	
_ 9b		
9b		201012.34
46000000	-pakië	1 217665-259
9c		1
9c		The second secon
1 700		
ioa	15.6	
	1 4 4.	11,83,191
10b	1	

332024 12-21-23

Schedule A (Form 990) 2023

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

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

Rart V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu		7-1610397 Page 7
Section D - Distributions		(007/11/12	100,	Current Year
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		1	***
2 Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
organizations, in excess of income from activity			2	
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizations	i	3	
4 Amounts paid to acquire exempt-use assets			4	11.11
5 Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instructions.			6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which the	ne organization is responsive			
(provide details in Part VI). See instructions.		****	8	
9 Distributable amount for 2023 from Section C, line 6			9	
10 Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributioi Pre-2023	ns	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6		many of and a helical visit of a		
2 Underdistributions, if any, for years prior to 2023 (reason-	The second secon			
able cause required - explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2023				
a From 2018		Appelled Antonia (March Control of March		
b From 2019		ar an an current or sea find to come to the come of th		
c From 2020	Section 1 to the section of the sect	subject of the control of the contro		
d From 2021				
e From 2022			Complemental Compl	
f Total of lines 3a through 3e	97743-WAII	Consumer Conference on the Con		
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see instructions)		Control of the Contro		
j Remainder, Subtract lines 3g, 3h, and 3i from line 3f.		A control of the cont	ACCUPATION AND ACCUPATION ACCUPATION ACCUPATION ACCUPATION ACCUPATION ACCUPATION ACCUPATION ACCUPATION ACCUPATION ACCUPATION ACCUPATION ACCUP	
4 Distributions for 2023 from Section D,	The state of the s	The galance of control of the contro		
line 7: \$		And a variable state of the property of the pr		
Applied to underdistributions of prior years	Section 1997 Control of the Control			
b Applied to 2023 distributable amount	Spoke minimate an interpretation of control of the property of	The state of the s		
c Remainder. Subtract lines 4a and 4b from line 4.		The part of the second of the	\$1,50°	
5 Remaining underdistributions for years prior to 2023, if	And the second s			
any. Subtract lines 3g and 4a from line 2. For result greater	And a state of the particular of the state o			
than zero, explain in Part VI. See instructions.	And the second of the second o	7-4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6 Remaining underdistributions for 2023, Subtract lines 3h	The second secon		070.7900.05	
and 4b from line 1. For result greater than zero, explain in	And the second s	The state of the s		
Part VI. See instructions.	Approximate and the second sec	A STATE OF THE PROPERTY OF THE	/d/,0:::://01d/	
7 Excess distributions carryover to 2024. Add lines 3j		The second secon		The second secon
and 4c.		77 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		And a change of the control of the c
8 Breakdown of line 7:				Management of the second of th
a Excess from 2019		The state of the s		The part of the pa
b Excess from 2020	And a second sec			A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c Excess from 2021	A control of the Cont			and the second s
d Excess from 2022	Market Control of the			The state of the s
e Excess from 2023				A THE COURT OF THE
	Francisco Control Cont	4		hedule A /Form 000) 20

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023		SPOONFULS					27-1810		Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. , 2, 3b, 3c, lines 2 and 8; and Par	Provide the 4b, 4c, 5a, 6 I 3; Part IV, S t V, Section	explanations 5, 9a, 9b, 9c, Section E, line E, lines 2, 5, a	required by 11a, 11b, ar es 1c, 2a, 2b and 6. Also c	Part II, line 10; Pa nd 11c; Part IV, Se , 3a, and 3b; Part complete this part	ort II, line 17a ection B, line V, line 1; Pa for any add	a or 17b; Part III, I es 1 and 2; Part IV art V, Section B, Iir litional information	ne 12; , Section ne 1e; Par	
	(See instructions.)				· ·					
									<u></u>	**
,					"-					
					7777.					
	* *									•
										,
				-			*			
							·			
		•			-					
						·		<u></u>		
*										
							***		·	
	·									
										
				· · · · · · · · · · · · · · · · · · ·						

332028 12-21-23

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.

Open to Public

Name of the organization

LOVIN' SPOONFULS

Employer identification number 27-1810597

Par	Organizations Maintaining Donor Advise	d Funds or Othe	er Si	imilar Fund	s or Ac	counts.	Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin						•	
		(a) Donor ac	dvise	d funds	{	b) Funds a	nd other accounts	3
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							-
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v	writing that the asset	ts he	ld in donor ad	vised fund	ls		
	are the organization's property, subject to the organization's	exclusive legal contr	ol?				Yes	No
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or fo	or any	y other purpo	se conferri	ng		
H	Impermissible private benefit?						. Yes	No
Par	tall Conservation Easements. Complete if the org	janization answered	"Yes	s" on Form 99	0, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ply).					
	Preservation of land for public use (for example, recrea	tion or education)		Preservation	of a histo	rically impo	ortant land area	
	Protection of natural habitat			Preservation	of a certi	fied historic	structure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	led conservation con	ntribu	ition in the fo	m of a co			
	day of the tax year.					Hele	d at the End of the T	ax Year
a	Total number of conservation easements					2a		
b						2b		
C	Number of conservation easements on a certified historic stru					2c		
d	Number of conservation easements included on line 2c acqu							
	on a historic structure listed in the National Register					2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished	, or te	erminated by	the organi	zation durir	ng the tax	
	year							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the per		pect	ion, handling	of			
	violations, and enforcement of the conservation easements it						Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, an	d enforcing c	onservatio	n easemen	ts during the year	•
-	Annual Annual Inc.							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	ia eni	forcing conse	rvation ea	sements du	iring the year	
	Does each conservation easement reported on line 2d above	action the requirement		of continu 17	04-V4V(D) 6			
8							Yes	—
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation						Yes _	No
9	balance sheet, and include, if applicable, the text of the footr			•			s the	
	organization's accounting for conservation easements.	iote to the organizat	1011 5	iii ai ciai stati	amenta un	at describe	s uie	
Par	TILE Organizations Maintaining Collections of	Art. Historical	Trea	asures, or	Other S	imilar As	ssets.	
***************************************	Complete if the organization answered "Yes" on Form	-		,				
1a	If the organization elected, as permitted under FASB ASC 95			enue stateme	nt and hal	ince sheet	works	
	of art, historical treasures, or other similar assets held for puk	•						
	service, provide in Part XIII the text of the footnote to its finar	•	,			ioo oi pasii	J	
b	If the organization elected, as permitted under FASB ASC 95					sheet wor	ks of	
	art, historical treasures, or other similar assets held for public							
	provide the following amounts relating to these items.	www.	,, o.	10000011		, o, pao	761 1166	
	(i) Revenue included on Form 990, Part VIII, line 1					\$		
2	If the organization received or held works of art, historical tre						 	
_	the following amounts required to be reported under FASB A	•			gunt,			
а	Revenue included on Form 990, Part VIII, line 1					\$		
	Assets included in Form 990, Part X						· · · · · · · · · · · · · · · · · · ·	
	For Paperwork Reduction Act Notice, see the Instructions						edule D /Form 99	DD/ 2022

332051 09-28-23

Sche	dule D (Form 990) 2023 LOVIN' SPO						27-181		Page	e 2
Pa	TEIII Organizations Maintaining C	ollections of Ar	t, Historical 1	reasures, o	r Othe	r Simil	ar Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of t	ne following that	make s	ignifican	use of its			_
	collection items (check all that apply).									
a	Public exhibition	(d Doan or	exchange progra	am					
b	Scholarly research	6	Other_							
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they furthe	r the organization	on's exe	mpt purp	ose in Part	XII I ,		
5	During the year, did the organization solicit of									
e-mana	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?				Yes	1	No
Pa	TIV Escrow and Custodial Arran		te if the organiza	tion answered "	Yes" on	Form 99	0, Part IV, Ii	ne 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi							_		
	on Form 990, Part X?						L	Yes	I	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
						<u> </u>		Amount		
C	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance				• • • • • • • • • • • • • • • • • • • •	<u>l 1f</u>		_		
	Did the organization include an amount on F					lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	<u>kplanation has be</u>	en provided in F	Part XIII		·····	.,,,,,,,,		
Ed	TV Endowment Funds Complete if							I		
		(a) Current year	(b) Prior year	(c) Two yea	rs dack	(d) Three	years back	(e) Four	years ba	CK
	Beginning of year balance									—
b										
С.	Net investment earnings, gains, and losses									
d	Grants or scholarships							<u> </u>		
е	Other expenditures for facilities									
,	and programs									—
f	Administrative expenses						 -			
g	End of year balance		,	1 1 1 1 1			<u>.</u>			
2	Provide the estimated percentage of the cun		-	i (a)) neld as:						
a	Board designated or quasi-endowment		%							
b	Permanent endowment Term endowment	% %								
С	The percentages on lines 2a, 2b, and 2c sho	· -								
2	Are there endowment funds not in the posse	•	ntina that are hal	J		L _				
Ja	organization by:	ssion of the organiza	atron triat are ner	and auministe	rea for a	ie		Г	Yes N	
	(i) Unrelated organizations?							0-43	165 1	10
			***************************************	• • • • • • • • • • • • • • • • • • • •				3a(i)		
h	(ii) Related organizations?	tione listed as requi	rad on Schadula	 Dາ				3a(ii)		—
4	Describe in Part XIII the intended uses of the							3b		
Pa	1VI Land, Buildings, and Equipm	ent	willer it laries.							—
	Complete if the organization answere		D. Part IV. line 11:	a. See Form 990	ı. Part X	line 10.				
	Description of property	(a) Cost or o		ost or other		Accumula	ated	(d) Bool	c value	—
	boomption of property	basis (investi	, , ,	sis (other)		epreciatio	I	(a) bool	value:	
1.0	Land		, ,	(52.51)	AND A CAMPAGE CONTROL OF THE PARTY OF THE PA		mile of the control o			—
	Buildings					400 THE REAL PROPERTY.				
	Leasehold improvements			5,000,		1	.,417.		3 58	83
	Equipment			211 832.			198.		154 63	
	Other			781,531.			622.		448,90	
	l. Add lines 1a through 1e. (Column (d) must e		V line 10e poly		I				607,12	

(2) (3) (44) (55) (66) (77) (8) (9) (9) (70) (8) (9) (70) (8) (9) (70) (8) (9) (8) (9) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (8) (9) (9) (1) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (2) (3) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part VII Investments - Other Securities			i ago -
(1) Financial derivatives (2) Closcity held equity interests (3) Other (4) (4) (5) (5) (5) (6) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8				
23 Glosely held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(8) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		······································		
A		***		,,,,,
GE				
(G) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
(b) (c) (c) (c) must equal form 990, Part X, line 12, cot. (d)) Total. (Cot. (b) must equal form 990, Part X, line 12, cot. (d)) Total. (Cot. (b) must equal form 990, Part X, line 12, cot. (e)) (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (f) (b) Book value (c) Method of valuation. Cost or end-of-year market value (f) (c) Method of valuation. Cost or end-of-year market value (f) (d) Description of investment (f) (f) Book value (g) Method of valuation. Cost or end-of-year market value (g) (g) (g) (g) (g) (g) (g) (g) (g) (g)				
C C C C C C C C				 .
Complete Complete				
(5) (ch) Intal, (Ct. (b) must equal Form 990, Part X, line 12, col. (B) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (a)		···		
Total, Co., to must equal Form 990, Part X, line 12, col. (B)				
Total_Cot. (b) must equal Form 990, Part X, line 12, cot. (B) Part VIII Investments - Program Related. Complete If the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (b)				
Part VIII Investments - Program Related.		* Tit.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (t) (2) (3) (4) (6) (6) (7) (6) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (10) (10) (10) (10) (10) (10) (10) (10		on Form 990 Part IV line	a 11c See Form 900 Bort V line 12	
11				of year market yalve
(2) (3) (4) (6) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) REGIST-OF-USE ASSETS-OPERATING LEASE (a) Description (b) Book value (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). (a) Description (b) must equal Form 990, Part X, line 15, col. (B), line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (b) Book value (c) Financing Lease (c) Form 990, Part X, line 15, col. (B), line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (b) Book value (c) Financing Lease (c) Form 990, Part X, line 25, col. (B), line 11e or 11f. See Form 990, Part X, line 25. (a) OPERATING LEASE OBLIGATIONS (d) 485, 906 (b) (c) (c) (c) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		(b) Book value	(c) We thou of Valuation. Cost of end	oryear market value
(8) (9) Total. (Co., (b) must equal Form 990, Part X, line 13, col. (3)) (a) Description (b) Book value (a) Description (b) Book value (7) RIGHT-OF-USE ASSETS-OPERATING LEASE (a) Description (b) Book value (7) RIGHT-OF-USE ASSETS-OPERATING LEASE (7) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) RIGHT-OF-USE ASSETS-OPERATING LEASE (A74, 239 (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) Federal income taxes (a) Description of liability (b) Book value (b) Book value (c) OPERATING LEASE (d) Description of liability (e) Book value (f) Federal income taxes (g) PINANCING LEASE (h) Description of liability (h) Federal income taxes (g) PINANCING LEASE (h) OPERATING LEASE OBLIGATIONS (h) Second of the content of the co		 •		
(4) (6) (7) (8) (9) (17) (8) (18) (19) (18) (19)		···-		,_,
[6] [6] [7] [8] [9] [9] [7] [8] [9] [7] [8] [9] [7] [7] [8] [9] [7] [7] [7] [8] [7] [7] [7] [7] [7] [7] [7] [7] [7] [7		4		
(6) (7) (8) (9) (10)				
(7) (8) (9)				
(8) (9) 17atal. (Col. (b) must equal Form 990, Part X, line 13, col. (3)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) RIGHT-OF-USE ASSETS-OPERATING LEASE 474, 239 (2) (3) (4) (4) (5) (6) (7) (8) (9) 17otal. (Column (b) must equal Form 990, Part X, line 15, cot. (B)) (9) 17otal. (Column (c) must equal Form 990, Part X, line 15, cot. (B)) (1) Federal income taxes (2) (3) OPERATING LEASE OBLIGATIONS 485 , 906 (4) (5) (6) (7) (8) (9) 17otal. (Column (c) must equal Form 990, Part X, line 25, cot. (B)) (9) 17otal. (Column (c) must equal Form 990, Part X, line 25, cot. (B)) (9) 17otal. (Column (c) must equal Form 990, Part X, line 25, cot. (B)) (9) 17otal. (Column (c) must equal Form 990, Part X, line 25, cot. (B)) (9) 17otal. (Column (c) must equal Form 990, Part X, line 25, cot. (B)) (9) 17otal. (Column (c) must equal Form 990, Part X, line 25, cot. (B)) (9) 17otal. (Column (c) must equal Form 990, Part X, line 25, cot. (B)) (9) 17otal. (Column (c) must equal Form 990, Part X, line 25, cot. (B)) (9) 17otal. (Column (c) must equal Form 990, Part X, line 25, cot. (B)) (9) 17otal. (Column (c) must equal Form 990, Part X, line 25, cot. (B)) (1) Federal income taxes (1) Federal income taxes (2) PINANCING LEASE (3) OPERATING LEASE OBLIGATIONS (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) PINANCING LEASE (3) OPERATING LEASE OBLIGATIONS (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) PINANCING LEASE (3) OPERATING LEASE OBLIGATIONS (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) PINANCING LEASE (3) OPERATING LEASE (4) (5) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B) Part IX				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B) Part IX		- With		
Part IX				
(a) Description (b) Book value (1) RIGHT-OF-USE ASSETS-OPERATING LEASE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, cot. (B)) (1) Federal income taxes (2) FINANCING LEASE (3) OPERATING LEASE (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, cot. (B)) (9) 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) FINANCING LEASE (3) OPERATING LEASE (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B))			Provide Co. N. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	
(a) Description (b) Book value (1) RIGHT-OF-USE ASSETS-OPERATING LEASE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, cot. (B)) (1) Federal income taxes (2) FINANCING LEASE (3) OPERATING LEASE (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, cot. (B)) (9) 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) FINANCING LEASE (3) OPERATING LEASE (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B))	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(1) RIGET-OF-USE ASSETS-OPERATING LEASE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must squal Form 990, Part X, line 15, col. (B)) (9) Total (a) Description of liability (b) Book value (1) Federal income taxes (2) FINANCING LEASE (3) OPERATING LEASE OBLIGATIONS (4) (5) (6) (7) (8) (9) Total. (Column (b) must squal Form 990, Part X, line 25, col. (B)) (9) Total. (Column (b) must squal Form 990, Part X, line 25, col. (B)) (9) Total. (Column (b) must squal Form 990, Part X, line 25, col. (B)) (9) Total. (Column (b) must squal Form 990, Part X, line 25, col. (B)) (8) (9) Total. (Column (b) must squal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must squal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must squal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must squal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must squal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must squal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must squal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must squal Form 990, Part X, line 25, col. (B))				(b) Book value
[2] [3] [4] [4] [5] [6] [7] [8] [9] [9] [101. (Column (b) must equal Form 990, Part X, line 15, cot. (B)) 474 , 235 Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value [1] Federal income taxes [2] FINANCING LEASE [3] OPERATING LEASE OBLIGATIONS [4] [5] [6] [7] [6] [7] [8] [9] Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) 505, 286 [9] Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) 505, 286 Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) 505, 286 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1) RIGHT-OF-USE ASSETS-OPERATING LEASE			474,239.
(4) (5) (6) (7) (8) (9) (9) (10)	(2)			. , ,
[5] [6] [7] [8] [9] Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))				-4
[6] [7] [8] [9] Total. (Column (b) must equal Form 990, Part X, line 15, cot. (B)) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) FINANCING LEASE (3) OPERATING LEASE OBLIGATIONS (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, cot. (B))	(4)	···		· · · · · · · · · · · · · · · · · · ·
[7] [8] [9] Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) FINANCING LEASE (3) OPERATING LEASE OBLIGATIONS (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 505, 286	(5)			
[8] [9] Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) FINANCING LEASE (3) OPERATING LEASE OBLIGATIONS (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 505, 286 205. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)			
[9] Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) FINANCING LEASE (3) OPERATING LEASE OBLIGATIONS (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 505, 286 20. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 474, 239 Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes 19, 382 (2) FINANCING LEASE 19, 382 (3) OPERATING LEASE OBLIGATIONS 485, 906 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 505, 288 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) FINANCING LEASE (3) OPERATING LEASE OBLIGATIONS (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 505, 288 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) FINANCING LEASE (19, 382) (3) OPERATING LEASE OBLIGATIONS (485, 906) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) (505, 288) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))	***************************************	474,239.
1. (a) Description of liability (b) Book value (1) Federal income taxes	The state of the s			
(1) Federal income taxes (2) FINANCING LEASE (3) OPERATING LEASE OBLIGATIONS (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
(2) FINANCING LEASE (3) OPERATING LEASE OBLIGATIONS (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1. (a) Description of liability			(b) Book value
(3) OPERATING LEASE OBLIGATIONS (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	V=7			19,382.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(3) OPERATING LEASE OBLIGATIONS			485,906.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)	·		
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 505, 288 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)			
				505,288.

Schedule D (Form 990) 2023

48

THREE YEARS AFTER THEY WERE FILED. THE ORGANIZATION CURRENTLY HAS NO TAX

EXAMINATIONS IN PROGRESS.

chedule in from 950, 2023 LOVIN PRODUCTURE Page 27-1410597 Page 27-1410597 Page Page	Schedule D (Form 990) 2023 LOVIN SPOONFULS	27-1810597	Page 5
	Part XIII Supplemental Information (continued)		
	(CORRIGEO)		·
		··-	
		**	
	The state of the s		
			•
			
		*	
		*	
	· · · · · · · · · · · · · · · · · · ·		
	·		

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

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.

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization							ntification number
LOVIN' SPOO	ONFULS Complete if the organization answe	rod IV	anl ar	Form 000 Dart IV 1	ino 1	27~181059	
required to complete this part	Complete ii the organization answe t.	rea "Y	es" or	i Form 990, Part IV, I	ine i	7. Form 990-EZ	filers are not
Indicate whether the organization rais a	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with pr riduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-gr governising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody trol of	(iv) Gross receipts from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					ļ		
					ļ		
Total					ļ		
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from re	gistration
For Paperwork Reduction Act Notice, se	e the Instructions for Form 990 or	990-E	Z.			Schedule	e G (Form 990) 2023

LHA 332081 09-13-23

Pa	rt I	<u></u>	e organization answered	"Yes" on Form 990, Part	IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gre		EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
}			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				COCKTAILS &		(add col. (a) through
			TAILGATE	COMMUNITY	1	col. (c))
e)			(event type)	(event type)	(total number)	——————————————————————————————————————
Revenue						
Š	1	Gross receipts	390,447.	48,240.	80,143,	518,830.
-	2	Less: Contributions	313,309,	42,040.	77,775.	433,124.
-			B# 430	6 000		
\dashv		Gross income (line 1 minus line 2)	77,138.	6,200.	2,368.	85,706.
-	,	Cach prizon				
-	4	Cash prizes				
-	5	Noncash prizes				
ရွ	•	Honodon prizoo				
SUS	6	Rent/facility costs	46,887.	2,000.		48,887.
Expenses	_		,	,		. , ,
늉	7	Food and beverages	8,769.	12,000.	1,010.	21,779.
Direct					•	
_	8	Entertainment				
-	9	Other direct expenses	141,317.	12,263.	38,384.	191,964.
-	10	Direct expense summary. Add lines 4 through	9 in column (d)			262,630.
P. mary 2.2	11		ne 3, column (d)	·····		-176,924,
Pa	rt I		answered "Yes" on Form	i 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	T		
<u>a</u>			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				amgorphogressive amgo		coi. (a) through coi. (c))
ά ώ	_	Cross reviewus				
\dashv		Gross revenue				· - · · ·
	2	Cash prizes				
Ses		•				
ben	3	Noncash prizes				
Direct Expenses			,			
ည	4	Rent/facility costs				
۵						
	5	Other direct expenses				
-			Yes %	Yes %	Yes %	Annually a transported principle of the transported by the control of the control
-	6	Volunteer labor	No No	No	No	And the second of the second o
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
-	_		er Part III			
Ш	8	Net gaming income summary. Subtract line 7	from line 1, column (a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9	En	ter the state(s) in which the organization condu	uete gamina activities:			
		the organization licensed to conduct gaming a		etatoe?		Yes No
		No," explain:				,
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax y	/ear?	Yes No
		Yes," explain:				

Schedule G (Form 990) 2023 LOVIN' SPOONFULS	27-181059	7 Page	e 3
11 Does the organization conduct gaming activities with nonmembers?		Yes 🔲 I	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
to administer charitable gaming?		Yes I	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13a	ì	%
b An outside facility			 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books			
14 Enter the name and address of the person who propares the organization's gaming/special events books	and rocords.		
Name			
Name			—
Address			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	renue?	Yes 🔲	No
Total 2000 the organization have a constant with a time party from whom the organization received gaining for			
b If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount		
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
on 166, offer hand address of the during purity.			
Name			
Name			
Address			
	·	*****	
16 Gaming manager information:			
To Carring manage mornation.			
Name			
144110			
Gaming manager compensation \$			
Carring manager compensation \$			
Description of services provided			
Description of services provided			—
	· ·	-	
Director/officer Employee Independent contractor			
Director/office Limployee midependent contractor			
17 Mandaton distributions:			
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
		V [N1-
retain the state gaming license?		Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organization	s or spent in the		
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	- 400 1 A A 10 - 10	0. 0). 10	
	; (III) and (V); and Part III, III	ies 9, 90, Tu	D,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23

Schedule G (Form 990) LOVIN' SPOONFULS	27-1810597	Page 4
Schedule G (Form 990) LOVIN' SPOONFULS Part IV Supplemental Information (continued)		
(OUTHINGO)		
PA CONTRACTOR OF THE CONTRACTO		
A CONTRACTOR OF THE CONTRACTOR		
A STATE OF THE STA	····	
A desired to the second		
	. 1000	
	·	
	•	
•		

Schedule G (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LOVIN' SPOONFULS

Part I Questions Regarding Compensation

Employer identification number

27-1810597

			~_	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		Yes	No
11.7	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Discretionary sponding account			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
n	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	41.		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1b		
4		Section of the sectio		Separate Separate Separate
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
^	hadisakan hilaka ke ang asaka sayan hadi ang ang ang asakan manda ang bibat di ang ang ang ang ang ang ang			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а				Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		() in the second	
		100 (100 (100 (100 (100 (100 (100 (100		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	Compression and the		
	The organization?			х
b	Any related organization?	. 5b	A 40	X
	If "Yes" on line 5a or 5b, describe in Part III.			Management of the second of th
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	\$2.000 p. 1 year 1 h	10000000	
	The organization?			Х
b	Any related organization?	. 6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			200 10 10 10 10 10 10 10 10 10 10 10 10 1
	not described on lines 5 and 6? If "Yes," describe in Part III	. 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	# 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Regulations section 53.4958-6(c)?	. 9		
For		ile J (Fori	n 990	1 2023

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

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

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

	r							
		(B) Breakdown of W-2 and/or 1099-NEC compensation	z and/or 1099-MISC compensation	and/or 1099-NEC	ပ	(D) Nontaxable benefits	(E) total of columns (B)(f)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ASHLEY STANLEY	Ξ	166,522.	0	0	0	20,913.	187,435.	0
FOUNDER/CEO	(E)	*0	0	0.	0.	.0	.0	0.
	Ξ							
	(ii)							
	Θ							
	(E)							
	€							
	Ξ							
	ε							
	ε							
	€							
	Θ							
	⊞							•
	€							
	(E)							
	ε							
	≘							
	(1)							
	(ii)							
	Ξ							
	€							
	Ξ							
	(III)							
	Ξ							
	(ii)							
	€							
	Œ							
	Ξ							
	⊞							
	Ξ							
	Ξ							

Schedule J (Form 990) 2023

56

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

LOVIN' SPOONFULS

Employer identification number 27-1810597

Pai	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contributio		3
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests			-			
4	Books and publications	•					
5	Clothing and household goods		A page of the second state				
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						-
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	Х	4717649	9,153,913.	FMV	·····	
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts					7	
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()					·	
26	Other ()						
27	Other ()						
28	Other (ļ	<u> </u>			
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions			
	for which the organization completed Form 828	33, Part V, [Donee Acknowledg	ement 29		0	
					in the state of th	Yes	No
30a	During the year, did the organization receive by			, -	· · · · · · · · · · · · · · · · · · ·	Table Design Assessment Street	ALTA DE LA COLOR
	must hold for at least 3 years from the date of t		ntribution, and wh	ich isn't required to be used	for	Control of the Contro	2000 2 100 100 100 100 100 100 100 100 1
	exempt purposes for the entire holding period?) 			33	30a	X
b	If "Yes," describe the arrangement in Part II.				1000	Address October 1975 State of the Control of the Co	2000
31	Does the organization have a gift acceptance p	·=	-	-	ions?	31	X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash			
	contributions?					32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,	The state of the s	

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023 LOVIN SPOONFULS	27-1810597	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information.	and 33, and whether the organizes a combination of both. Also cor	zation nplete
SCHEDULE M, PART I, COLUMN (B):		117
THE TOTAL NUMBER OF CONTRIBUTIONS IN THE AMOUNT OF 4,717,649 IS THE		
AMOUNT OF POUNDS OF FOOD DONATED.		
	-	
		
		-
		·-···

332142 09-11-23

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection ==

Name of the organization

Employer identification number

LOVIN SPOONFULS	27-1810597
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
HEALTHY, PERISHABLE FOOD THAT WOULD OTHERWISE BE DISCARDED. LOVIN'	40 40
SPOONFULS WORKS EFFICIENTLY TO DELIVER THIS FOOD DIRECTLY TO THE	
COMMUNITY ORGANIZATIONS AND RESOURCES WHERE IT CAN 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	<u> </u>
ORGANIZATION. THE PLENTY PROGRAM AT LOVIN' SPOONFULS WILL PROVIDE	
BENEFICIARIES AND THOSE THAT THEY SERVE WITH THE EDUCATION, TOOLS AND	1000
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 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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization LOVIN' SPOONFULS	Employer identification number 27-1810597
DAIRY, LEAN PROTEIN, AND BAKED GOODS) FROM FOOD RETAILERS LIKE GROCERY	
STORES, WHOLESALERS, AND FARMS. THE TEAM OF FOOD-SAFETY CERTIFIED	
DRIVERS DELIVERS, SAME DAY, TO FOOD PROGRAMS (LIKE PANTRIES, MEAL	
PROGRAMS, AND MORE) THAT REACH NEIGHBORS FACING FOOD INSECURITY.	
IN 2023, THE ORGANIZATION WORKED WITH NEARLY 300 PARTNERS TO RECOVER	
AND DISTRIBUTE OVER 4.7 MILLION POUNDS OF FOOD (VALUED AT MORE THAN	
\$9,000,000) ACROSS THE COMMONWEALTH.	
THE FOOD DISTRIBUTED IN 2023 REACHED MORE THAN 370,000 PEOPLE ACROSS 65	4.
TOWNS AND CITIES,	7744LA7
AND THE CORRESPONDING FOOD RECOVERY EFFORTS PREVENTED THE SAME	
GREENHOUSE GAS EMISSIONS AS CARS DRIVEN FOR 13,000,000+ MILES.	
WITH ADDITIONAL CAPACITY ON THE TEAM, THE ORGANIZATION IS SOURCING MORE	
FOOD (ON AVERAGE, 18% MORE FROM THIS TIME LAST YEAR) AND FORGED 17 NEW	
PARTNERSHIPS WITH FOOD RETAILERS AND NONPROFITS IN THE LAST 12 MONTHS.	
THE ORGANIZATION IS ON TRACK TO DO EVEN MORE IN 2024.	
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.	

332212 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization LOVIN' SPOONFULS	Employer identification number 27-1810597
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	-10-
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 2023.	