## Form **990**

# Return of Organization Exempt From Income Tax

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

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.

2024
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For the	2024 calendar year, or tax year beginning and e	ending					
	Check if applicable	C Name of organization		D Employer identif	ication number			
	Addres	SPOONFULS						
Х	Name	Doing business as		**-***0597				
	Initial		Room/suite	E Telephone numbe	er			
	Final return/	189 WELLS AVENUE	00	617-390-4450				
	termin ated			<b>G</b> Gross receipts \$ 15,156,130.				
	Ameno	NEWTON, MA 02459		H(a) Is this a group r	eturn			
	Applic tion	F Name and address of principal officer: Addition of the standard of the stand		for subordinate	s? Yes X No			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates	ncluded? Yes No			
1	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	r 527	If "No," attach a	a list. See instructions			
J	Websit	e: WWW.SPOONFULS.ORG		H(c) Group exemption	on number			
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 2010	M State of legal domicile; MA			
P	art I	Summary						
4	1	Briefly describe the organization's mission or most significant activities: SPOONFU	LS IS AN	ORGANIZATION				
nce		THAT FACILITATES THE RECOVERY AND DISTRIBUTION OF HEALTHY,						
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	The same of the sa			
ove	3			3				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		SERVER AND ADDRESS OF SERVING STATES AND ADDRESS AND A				
es 8	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)			52			
Ϋ́	6	Total number of volunteers (estimate if necessary)			6			
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		APPENDING A CONTROL OF				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······	5000000 AA000				
			-	Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)	SOUTH THE STATE OF	12,538,771.				
en.	9	Program service revenue (Part VIII, line 2g)		52.3				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		79,096.				
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-161,696,				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,456,171,				
	11	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	AND WILLIAMS I DO	0				
		Benefits paid to or for members (Part IX, column (A), line 4)	989094000000	2,792,958	2,943,942.			
98	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,752,530	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  1,205,9	156	•				
X	170	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		10,349,010	12,284,076.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	SERVICE STATE OF THE PARTY OF T	13,141,968				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12		-685,797				
		nevertue less expenses. Subtract line To nom line T2		ginning of Current Year				
Net Assets or	20	Total assets (Part X, line 16)	1.5	3,343,625				
ASSE	21	Total liabilities (Part X, line 26)		639,085				
let /	22	Net assets or fund balances. Subtract line 21 from line 20		2,704,540				
P	art II	Signature Block						
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of n	ny knowledge and belief, it is			
	- 3	et, and complete. Declaration of preparer (other than officer) is based on all information of wh			See Account to the control of the co			
Sig	ın	Signature of officer		Date				
He		ASHLEY STANLEY, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Preparer's name Preparer's signature		Date Check	PTIN			
Pai	id	PATRICK J. MARTIN PATRICK J. MARTIN	0	5/23/25 if self-emp	loyed ₽00283486			
Pre	parer	Firm's name KAHN, LITWIN, RENZA & CO., LTD.		Firm's EIN	**-***9384			
Use	e Only	Firm's address 951 NORTH MAIN STREET						
		PROVIDENCE, RI 02904		Phone no.40	1-274-2001			
Ma	y the If	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Form	1990 (2024) SPOONFULS	**-***0597	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	SPOONFULS IS AN ORGANIZATION THAT FACILITATES THE RECOVERY AND		
	DISTRIBUTION OF HEALTHY, PERISHABLE FOOD THAT WOULD OTHERWISE BE		
	DISCARDED. SPOONFULS WORKS EFFICIENTLY TO DELIVER THIS FOOD DIRECTLY		
	TO THE COMMUNITY ORGANIZATIONS AND RESOURCES WHERE IT CAN HAVE THE	-	
	Did the organization undertake any significant program services during the year which were not listed on the		
2		<b>.</b>	Yes X No
	prior Form 990 or 990-EZ?	∟	165 [ NO
	If "Yes," describe these new services on Schedule O.	_	ר. פו.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes [A No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total exper	ises, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$13,255,223. Including grants of \$) (Revenue	\$	14,877.
	DELIVERING FOOD WITH PURPOSE:		
	IN THE U.S. 31% OF ALL FOOD GOES UNSOLD OR UNEATEN.		
	ACROSS MASSACHUSETTS ALONE, OVER 1 MILLION TONS OF FOOD HIT THE WASTE		
	STREAM ANNUALLY WHILE 1 IN 6 HOUSEHOLDS FACES FOOD INSECURITY.		
			,
	SPOONFULS KEEPS GOOD FOOD FROM GOING TO WASTE. THROUGH FOOD RECOVERY		
	AND DISTRIBUTION, EDUCATION, AND ADVOCACY, WE WORK TO ADDRESS THE		<del></del>
	HEALTH, ENVIRONMENTAL, AND ECONOMIC IMPACT THAT WASTED FOOD HAS ON		
	PEOPLE AND THE PLANET.		
4b	(Code:) (Expenses \$) (Revenue	.\$	)
	•		
			*******
4c	(Code:) (Expenses \$	a \$	)
			<u></u>
			-
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4e	Total program service expenses 13,255,223.		
			Form 990 (2024)

***************************************		I	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes, " complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	в		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.		2	and a south
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	'		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	]
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<b> </b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"		ł	
	complete Schedule G, Part III	19		Х
	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	<u> </u>	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I. Parts I and II	21	<u>L</u>	Х

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Par	TIV Checklist of Required Schedules (continued)			
<u> </u>			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,		.06	
	instructions for applicable filing thresholds, conditions, and exceptions):	13.74		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //			
	"Yes," complete Schedule L, Part IV	28a	Х	<u></u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	!		
	contributions? /f "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	<u></u>
Pa	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	********		
			Yes	No_
1a	Enter the Humber reported in box o or form rood, Enter of a not approache	8		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<u>o</u>	27. 11. 11. 16.00	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	20572		
	(gambling) winnings to prize winners?	1c		
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Form		**-***0597		P	age <b>5</b>
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	· ·			jan.
	filed for the calendar year ending with or within the year covered by this return	52		49.0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1			İ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	902508	X
b	If "Yes," enter the name of the foreign country		32.2		8.40
	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?		<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				ĺ
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	<b>I</b>			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	· · · _ [	7a	X X	-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Δ.	<del> </del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		_,		x
	to file Form 8282?		7c	W. Kee	
	If "Yes," indicate the number of Forms 8282 filed during the year	h)			X
		·····	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	11090-01	7h	3	i de
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ľ	8		MAY.
	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	į.	9a	- 32/1	
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	·····	9b		
10	Section 501(c)(7) organizations. Enter:		CK)	10000	
	1 - 1		Viji A. S.	ji d	70.7
a b	Initiation fees and capital contributions included on Part VIII, line 12				<b>第</b> 55
11	Section 501(c)(12) organizations. Enter:				
	Current transmission to a superior and the superior and t				
	Gross income from other sources. (Do not net amounts due or paid to other sources against		2.3		
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	0.000.0000	. (2002000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	Ī	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			27	
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans		1000	in the	
C	Enter the amount of reserves on hand		4	34(1.1)M	
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	L	х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15	<u>L</u>	х
	If "Yes," see the instructions and file Form 4720, Schedule N.		i Salitar Maria	\$ 10	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x
	If "Yes," complete Form 4720, Schedule O.			\$. Z	4.30
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	<u></u>	$\perp$
	If "Yes," complete Form 6069.			8. 7.	a Stally
42000	5 49.40.24		Forr	, 990	12024

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Part V Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent ...... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? х 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 X 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O, See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  ${}^{M\!A}$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records SANDY CADES, CFO - 617-390-4450 189 WELLS AVENUE, SUITE 100, NEWTON, MA 02459

Form 990 (2024)

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

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

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

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

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

(A)	(B)		(C) Position					(D)	<b>(</b> E)	(F)
Name and title	Average	(00	not c	Pos heck i	ition more	i than c	one	Reportable	Reportable	Estimated
	hours per	box	unle	SS 1761	свол і	s both v/trus	an	compensation	compensation	amount of
	week (list any					<u> </u>		from the	from related organizations	other compensation
	hours for	direct				Ļ		organization	(W-2/1099-MISC/	from the
	related	TO 83	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	lad tru		oyee	186 E		1099-NEC)	·	and related
	below	Individual trustee or director	nstitutional trustee	늏	Key employee	Highest compensated employee	Former			organizations
	line)	皇	inst	ОЖісег	Key	문병	Fort			
(1) ASHLEY STANLEY	40.00									
FOUNDER/CEO		х		Х				201,728.	0.	21,562
(2) ERIN PALMER KEOHANE	40.00									
CHIEF ADVANCEMENT OFFICER				Х				163,645.	0.	38,727.
(3) JONELLE KUSMINSKY	40,00	ļ								
SENIOR DIRECTOR OF COMMS AND PUBLIC	<u> </u>	_	L	_	ļ	Х		122,390.	0.	43,823
(4) SARA D'ALESSANDRO	40,00						ŀ		_	
SENIOR DIRECTOR OF ADMINISTRATION	<del>                                     </del>			_	_	X		116,271.	0.	14,360
(5) SEAN AHERN	40.00	-						447 400		H 500
DIRECTOR OF OPERATIONS (TO 7/24)						X		117,193.	0.	7,589
(6) LISA FALL CHAIR	2.00			<b>.</b>				0.	0.	0
(7) SANDY CADES	2,00	X	_	X		┢		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0.
TREASURER/CFO	2.00	<sub>x</sub>		x				0,	٥.	0
(8) ADAM KAHN	2.00	<del>                                     </del>	—			┢	_	· · · · · · · · · · · · · · · · · · ·		
SECRETARY	2.00	x		x				0.	0.	0
(9) ADAM AMONTEA	2,00	╫		-		H		•	ļ	
BOARD MEMBER		x						0.	0.	0
(10) NANCY FREED	2,00	╁	-			$t^-$				
BOARD MEMBER	_	x	}			1		0.	0.	0
(11) ANDY YOUNISS	2,00	<b>†</b>		<b> </b>	<u> </u>	<del>                                     </del>				
BOARD MEMBER		1 x						0.	0.	0
									·	
		1								
							1			
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		]		<u> </u>						
		$\int_{-}^{-}$		1						
		丄			<u> </u>	丄				
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		1				1				
									<u></u>	Form <b>990</b> (202

m 990 (2024) SPOON art <b>VII</b> Section A. Officers, Direc	tors, Trustees. Kev Fmr	lov	ees.	anc	Hic	hes	t Co	ompensated Employee	s (continued)			ige 8
(A) Name and title	(B) Average hours per week	(do	not el	Posi Poski hecki se per	ition nore son i		ne an	(D) Reportable compensation from	(E)  Reportable compensation from related		(F) Estimate amount o	_
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Ротте</b> г	the organization (W-2/1099·MISC/ 1099·NEC)	organizations (W-2/1099-MIS 1099-NEC)	3	compensa from the organizati and relate organization	e ion ed
							<u>-</u>					
b Subtotal c Total from continuation sheets d Total (add lines 1b and 1c)								721,227. 0. 721,227.		0. 0.	126,	061, 0. 061.
2 Total number of individuals (inclu- compensation from the organizar	•	ose	liste	d at	ove	) wh	o re	ceived more than \$100,	000 of reportable	•	lv	5
<ul> <li>Did the organization list any form line 1a? If "Yes," complete Sched</li> <li>For any individual listed on line 1 and related organizations greater</li> </ul>	dule J for such individual a, is the sum of reportabl r than \$150,000? If "Yes,	e cc	mpe mple	ensa ete S	tion Sche	and	oth	ner compensation from t	he organization		3 4 X	No X
5 Did any person listed on line 1a rendered to the organization? [f Section B. Independent Contractors	"Yes." complete Schedule										5	X
1 Complete this table for your five		lepe	nde	nt c	ontra	actor	s th	nat received more than \$	3100,000 of comp	oensa	tion from	
the organization. Report comper		ear e	endir	ıg w	ith c	or wi	hin	the organization's tax y (B)	ear.			
Name and	(A) Name and business address NONE										(C) compensatio	oin .

Form **990** (2024)

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

\$100,000 of compensation from the organization

Form 990 (2024) SPOONFULS

Part VIII Statement of Revenue

<u> </u>		*******	Check if Schedule O	conta	ains a res	sponse (	or note to any lin	e in this Part VIII			
							,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
N W	1	l a	Federated campaigns		1.	а				7. 6.	
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			b				alter :	
ចិទ្ឋិ			Fundraising events				405,616.	5345559532555	e entre la viriable		10 8 6 7 A 15 C
ξŞ			Related organizations			d		on sequence to be	and the second second		200-124-22
2			Government grants (contri			e	149,198.		Confidence and	gettings of the	7. 2. E. M. E. E.
Sign						8	2.25,250,				
ē Ē		T	All other contributions, gifts,				14,496,011.	1. 15 Salation 15 Acc		and the state of the state of	625561
퉏튬			similar amounts not included					es green a gree	242 7 9 3 9 9 9 9		1.544 3 7 5 1
5 P		_	Noncash contributions included in t		·	g  \$	10,935,010.	T. T. S. Control of the Action of Control of			1980年6月
<u>0 8</u>		n	Total. Add lines 1a-1f		<del></del>		Business Code	15,050,825.	The property of the way and the contract of the contract of		
		_					Business Code	<i></i>	14. B 14. N		
<u>2</u>	2	2 a									
e <u>5</u>		b									
n S Jen		C									
ge.		d						<u> </u>		. <u> </u>	
Program Service Revenue		e									
ш			All other program service					l			
	_		Total. Add lines 2a-2f						The state of the s	7,7	
	3	3	Investment income (includ	_		-	<u> </u>	20.000			00 500
								22,693.			22,693.
	4		Income from investment o		_	_					<u> </u>
	5	•	Royalties	······						TO SECTION AND A SECTION ASSESSMENT	A TOTAL OF THE PROPERTY OF THE
				ĺ	(i) H	Real	(ii) Personal		100000000000000000000000000000000000000	45.	164 S 1 S 64 S 11 S 11 S 11
	6	a	Gross rents	<u>6a</u>	ļ			STATE OF THE STATE OF	14 P 2 34507 1	38 <b>5</b> 4 5.7	
			Less: rental expenses	<u>6b</u>	-				4		3 6 7 1
			Rental income or (loss)	6c						The second secon	ing and the second
			Net rental income or (loss)	م	T						
	7	a	Gross amount from sales of	1	(i) Sec	urities	(ii) Other		age to a		Parties of the
			assets other than inventory	7a			13,500.				
		b	Less: cost or other basis				_	433300	<b>1</b>		7.
ıπe			and sales expenses	7b			3,479.		45-14-23-20-20-20-20-20-20-20-20-20-20-20-20-20-	70.00	70.04.7
Other Revenue				7 <b>c</b>				A Jane State	steer and the state	400000000000000000000000000000000000000	
Be			Net gain or (loss)				·····	10,021.		was alee was aleed to will be seen	10,021
her	8	a	Gross income from fundraising					a de granda de		100	301.9.25
δ			including \$					Parties of Great	10,465,03460	A DOMESTIC	0.0000000000000000000000000000000000000
			contributions reported on					10 00 miles (1900)			
			Part IV, line 18			8a	54,235.		and the constraint of		17.7
							291,349.	4.5			La Caracteria de la Car
		C	Net income or (loss) from	fund	Iraising e	vents		-237,114.	16, 1677 1972 1	Notes and a supplemental of the second second	-237,114.
	9	l a	Gross income from gamin	_							
			Part IV, line 19			<u>9</u> a				5.000	SANCTON DESCRIPTION
		b	Less: direct expenses			9b		100	15.714.005.006	29-54-64-65-66-76-5	
		C	Net income or (loss) from	gam	ing activ	ities	r	a the company and the decision of the administration of		APRIL CONTRACTOR CONTRACTOR	THE SAME OF THE SAME STREET
	10	ı a	Gross sales of inventory, I								
			and allowances								400 00000
		b	Less: cost of goods sold			10b		C. 55.0000 4.00		Section 1	5. 1 (Fig. 1974)
	_	C	Net income or (loss) from	sales	s of inver	ntory		STATE AND AND COMPANIES OF THE WAY AND A STATE	2/52/66480, c49/0/g 1986/03/64/98/80/07	Transport Support Committee and Committee	
s							Business Code		***		
Miscellaneous Revenue	11	а	MISCELLANEOUS INCOM	E			900099	14,877.	14,877.		
ane		b						-			
See J		C				<u></u>					
ž.		d	All other revenue							a song tide, si Market e Kasaratan ka Market	Markette & Northern & Later Co. Co.
		<u>e</u>	Total. Add lines 11a-11d					14,877.	200	\$ 10 km (\$ 10 m km	t vija sui 18. zaja il
	12	<u> </u>	Total revenue. See instruction	ns				14,861,302.	14,877.	0,	<u> </u>
42200	n 40	1 40	0.4								Form <b>990</b> (2024)

432009 12-10-24

Form **990** (2024)

#### Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D)** Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members \_\_\_\_\_ Compensation of current officers, directors, 5 66 987 280,524. 425,663. 78,152 trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 543 768. 2,025,031. 219,481. Other salaries and wages 1,261,782. 7 8 Pension plan accruals and contributions (include 22,939 9,114 6,288 7,537. section 401(k) and 403(b) employer contributions) 60 790. Other employee benefits 258,277, 148,422, 49,065 9 212,032, 125,276, 19,952. 66,804. Payroll taxes 10 11 Fees for services (nonemployees): Management b Legal 133,360 133,360. Accounting d Lobbying A 4 M P AND A R. S. S. S. S. S. S. S. S. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 134,517 53,122. 268,061 80,422 column (A), amount, list line 11g expenses on Sch O.) 9.931 2.284 2,190 5.457. 12 Advertising and promotion 216.513, 38,251. 38,678. Office expenses 139,584, 13 Information technology 14 15 Royalties 157,172. 79,332, 31,870. 45 970. 16 Occupancy \_\_\_\_\_ 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 50,451 17,245 25,282. 7,924. Conferences, conventions, and meetings 19 253 253. 20 Payments to affiliates 21 217 267. 164 377 8,791 44,099. Depreciation, depletion, and amortization ..... 22 5,659. 19,814. 12,250, 1,905, 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) IN-KIND FOOD 10,935,010 10,935,010 VEHICLE EXPENSES 174,602 174,602 22,785 24,796. DUES AND LICENSES 71,063 23,482 18,209. BANK FEES 18,287 1. 77. d 6,038. 2,619. 3,635 12,292, e All other expenses 766,839. Total functional expenses. Add lines 1 through 24e 15,228,018, 13,255,223, 1,205,956. 25 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)

Form 990 (2024)

				/ line in this Part X		(A)		(B)
_						Beginning of year		End of year
	1	Cash - non-interest-bearing				1,381,453.	1	1,055,753.
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net		800,237.	3	861,185.		
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any current o		•			i di	native of a speciment of
		trustee, key employee, creator or founder, subs				3 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		controlled entity or family member of any of the					<b>5</b>	
	6	Loans and other receivables from other disqual		-				
		under section 4958(f)(1)), and persons describe					6	
22	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use				E2 00E	8	F2 020
۱,	9					53,805.	9	52,939.
	10a	Land, buildings, and equipment: cost or other	١	1 110	225			
	_	basis. Complete Part VI of Schedule D				THE STATE OF THE S		E76 017
		Less: accumulated depreciation			408.	607,126.	10c	576,817. 32,262.
	11	Investments - publicly traded securities				26,765.	11	34,464.
	12	Investments - other securities. See Part IV, line					12	
	13	Investments - program-related. See Part IV, line		•••••		<u> </u>	13	
	14	Intangible assets		•••••		474.239.	14	338,378,
-	15	Other assets. See Part IV, line 11				3,343,625.	15	2,917,334,
┪	16	Total assets. Add lines 1 through 15 (must equ				133,797.	16	221,114
	17	Accounts payable and accrued expenses				133,757.	17	244,414
	18 19	Grants payable			19	<u></u>		
	20	Deferred revenue			20			
	20 21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete			21			
	22	Loans and other payables to any current or for			21			
	ZZ	trustee, key employee, creator or founder, subs						
		controlled entity or family member of any of the					22	
	23	Secured mortgages and notes payable to unrel					23	
	24	Unsecured notes and loans payable to unrelate					24	
	25	Other liabilities (including federal income tax, pa			• • • • • • • • • • • • • • • • • • • •		24	
	20	parties, and other liabilities not included on line						
		as make dule m		,		505,288.	25	353,378,
	26	Total liabilities. Add lines 17 through 25			******	639,085,	<del></del>	574,492
7	20	Organizations that follow FASB ASC 958, ch	ack ha	e X			320	Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Ca
g l		and complete lines 27, 28, 32, and 33.	OOK HO	<u> </u>		CONTRACTOR OF THE		1. 多元 1. 10 mg (1) 5. 1
ĕ	27					2,026,929.	27	1,165,167
	28	Net assets with donor restrictions				677,611.	28	1,177,675
<u> </u>		Organizations that do not follow FASB ASC !					33334	and the state of t
፤		and complete lines 29 through 33.	,				9.02	
ة	29	Capital stock or trust principal, or current funds	3				29	ner men upproved Presidential Constantial Constantial Constantial Constantial Constantial Constantial Constanti
	30	Paid-in or capital surplus, or land, building, or e				· · · · ·	30	
2   1	31	Retained earnings, endowment, accumulated in					31	
Net Assets of Fund Salances	32					2,704,540.	32	2,342,842
<b>록</b>	33	Total liabilities and net assets/fund balances				3,343,625.	33	2,917,334

Form	990 (2024) SPOONFULS	**~***059	!	Pag	<sub>10</sub> 12
Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
		ļ			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		861	
2	Total expenses (must equal Part IX, column (A), line 25)	2		228,	
3	Revenue less expenses. Subtract line 2 from line 1	3			716.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	_ 4	2,		540.
5	Net unrealized gains (losses) on investments	5		5,	018.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			240	0.40
Est medicina	column (B))	10	<u>z,</u>	342,	842.
F/a	TXII Financial Statements and Reporting				<b>-</b>
	Check if Schedule O contains a response or note to any line in this Part XII	***************************************		 V I	No.
		1	7844F	Yes	140
1	Accounting method used to prepare the Form 990: CashX Accrual Other			2.7	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.		32.	X
<b>2</b> a			2a	OEALS X	A ESSI
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	(A. W. W.)		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			X	3.6.1
b	Were the organization's financial statements audited by an independent accountant?		2b		379.0
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e pasis,	40 11		
	consolidated basis, or both:		1		
	X Separate basis Consolidated basis Both consolidated and separate basis		indlight (	ili was	itas d
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		0-	х	l
		ndula O	2c		
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	ecule O.		245	alia.
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		3a		x
,	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		Sa		
Ð	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits application and an audits of the organization and an audits.		36		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			990	/2024)

#### **SCHEDULE A**

(Form 990)

Total

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number SPOONFULS \*\*-\*\*\*0597 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (III) Type of organization (vi) Amount of other (i) Name of supported (ii) EIN (v) Amount of monetary in yaur gave (described on lines 1-10 support (see instructions) organization support (see instructions) Yes No above (see instructions))

## Schedule A (Form 990) 2024 \*\*-\*\*059 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3			·			
	The portion of total contributions						
	by each person (other than a	1					
	governmental unit or publicly	136	in the second	ALCOHOLD SALES	91443 24 34	read of the	
	supported organization) included		The Street Street				
	on line 1 that exceeds 2% of the		10.00				
	amount shown on line 11,	1000000					
	column (f)		No property and the	that is to do	Strategic Company	10-20-00-00-00-0	
6	Public support. Subtract line 5 from line 4.	4.754		27043077.3	South in the State of	100 00000	
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	. <b></b>					
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	4.7	resident in the second				
12	Gross receipts from related activities,	etc. (see instruction	ons)		***************************************	12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and sto						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2024 (	line 6, column (f), d	livided by line 11, o	column (f))		14	%
	Public support percentage from 2023					15	%
16a	33 1/3% support test - 2024. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2023. If the						
	and stop here. The organization qua	lifies as a publicly :	supported organiza	ation			
17a	10% -facts-and-circumstances test	: - 2024. If the org	janization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiza	tion
	meets the facts-and-circumstances to	est. The organizatio	on qualifies as a pu	iblicly supported o	rganization		
k	10% -facts-and-circumstances test	t - 2023. If the org	janization did not d	check a box on line	a 13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets t	he facts-and-circur	nstances test, che	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17 <u>t</u>	o, check this box a	nd see instructio <u>ns</u>	
						Schedule A (	Form 990) 2024

Page 3

Schedule A (Form 990) 2024 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

Ser	ction A. Public Support	elow, piease comp	iete mart (I.)					<u> </u>	—
		(a) 2020	(b) 2021	(a) 2022	(4) 2022	(a) (	2024	(f) Total	_
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 4	2024	(i) Total	—
1	membership fees received. (Do not								
	'	9 550 925	11,342,237.	12 494 691	12,538,771.	15 09	50,825.	60 977 33	۵
_	include any "unusual grants.")	9,550,825.	11,342,237.	12,494,681.	12,330,771.	13,0.	30,623.	60,977,33	<del>'·</del>
2	Gross receipts from admissions, merchandise sold or services per-						1		
	formed, or facilities furnished in				:				
	any activity that is related to the								_
	organization's tax-exempt purpose				85,706.	:	54,235.	139,94	<u>.</u>
3	Gross receipts from activities that		:	j			ŀ		
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to						1		
	or expended on its behalf								
5	The value of services or facilities						1		_
•	furnished by a governmental unit to								
	the organization without charge								
_	Total. Add lines 1 through 5	9,550,825.	11,342,237.	12,494,681,	12,624,477.	15 1	05,060.	61 117 28	_
	-	3,000,000.	22,012,007,	22, 154, 002,	12,022,1771		00,000.	,,	<u>.</u>
/ 2	Amounts included on lines 1, 2, and								Ο.
	3 received from disqualified persons								<del>.</del>
ĸ	) Amounts included on lines 2 and 3 received from other than disqualified persons that						ĺ		
	exceed the greater of \$5,000 or 1% of the								_
	amount on line 13 for the year								0.
C	Add lines 7a and 7b					No. zero ek			٥.
	Public support. (Subtract line 7c from line 6.)		49 4314	<b>有意</b> 。第二十分,	40,000			61,117,28	0.
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e)	2024	(f) Total	_
9	Amounts from line 6	9,550,825.	11,342,237.	12,494,681.	12,624,477.	15,1	05,060.	61,117,28	0.
10a	Gross income from interest,	·							
	dividends, payments received on						ŀ		
	securities loans, rents, royalties, and income from similar sources	82.	127.		28,135.		22,693.	51,03	7.
	Unrelated business taxable income	· · · ·			,				_
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
		82.	127		28,135.		22 602	51,03	7
	Add lines 10a and 10b  Net income from unrelated business	02,	127.		20,133.		22,693.	, 51,03	<del>/•</del>
11	activities not included on line 10b,								
	whether or not the business is				•				
	regularly carried on								
12	Other income. Do not include gain			ļ			İ		
	or loss from the sale of capital assets (Explain in Part VI.)	67,249.	18,421.	6,452.	15,228.		14,877.	122,22	7.
13	Total support. (Add lines 9, 10c, 11, and 12.)	9,618,156.	11,360,785.	12,501,133.	12,667,840.	15,1	42,630.	61,290,54	4.
14	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) d	organizatio	n,	
	check this box and stop here								
Se	ction C. Computation of Publi	c Support Per	centage						
15	Public support percentage for 2024 (I	ine 8. column (f), d	ivided by line 13. c	olumn (fi)		15		99.72	%
	Public support percentage from 2023		•	(7)		16		99.70	%
	ction D. Computation of Inves			***************************************					
	Investment income percentage for 20			no 12 nolumn (fl)		17		.08	%
						18		.05	-/ <u>·</u>
	Investment income percentage from			un line 14 and line			and line 4"		
เษล	a 33 1/3% support tests - 2024. If the						ariu ime Tr		<del>, </del>
	more than 33 1/3%, check this box ar								X
ł	o 33 1/3% support tests - 2023. If the	4						nd	
	line 18 is not more than 33 1/3%, che								ᆜ
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	ı, or 19b, check t <u>h</u>	is box and see ins			<u>.</u>	
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Page 4

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## Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Sche	dule A (Form 990) 2024 SPOONFULS	**-***0597	Page	e <b>5</b>
Par				
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes N	No
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		100	1
	11c below, the governing body of a supported organization?	11a	$\vdash$	
	A family member of a person described on line 11a above?	11b		य १५७
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			1M
	provide detail in Part VI.	11c	$oldsymbol{oldsymbol{\sqcup}}$	
Seci	tion B. Type I Supporting Organizations			
			Yes N	<u>Vo</u>
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	cers, orted	end de ende	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	- I	272	12.
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	Personal State	217-24158
Sect	tion C. Type II Supporting Organizations	,,	<del>\</del>	
			Yes N	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		15 K	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
		Transchill Prince	Yes N	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	. 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			7
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1 20 72 23	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		KL/I
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		لـــــــــــــــــــــــــــــــــ	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.	a dottorioji		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
•	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			11
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	45.06.57		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	3.034484848	ಕ್ಷಾಪ್ರಕ್ರದ
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	9.4		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			MEL X
	these activities but for the organization's involvement.	2b		STEEL FOR
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	(A)		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	12. 24.07%, 547		CENTRAL Paris do
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		Salah P
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	in teacher		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2024 SPOONFULS			**-***0597	Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	<del></del>		Part VI). See instr	uctions.
•	All other Type III non-functionally integrated supporting organizations mus		-		
Sect	ion A - Adjusted Net Income	•	(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or	1			
	maintenance of property held for production of income (see instructions)	6		•	
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	ion B - Minimum Asset Amount	l <del></del>	(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see	31.70			Saga Saga
•	instructions for short tax year or assets held for part of year):	10,12		100	
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	10			
		1d	<u></u>		
	Total (add lines 1a, 1b, and 1c)				
е	Discount claimed for blockage or other factors		1.23		
	(explain in detail in Part VI):			distribution of the second	
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
<u>6</u>	Multiply line 5 by 0.035.	6			
	Recoveries of prior-year distributions	7			<del> </del>
_8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear .
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2	20 pt 1 2 pt 10 pt 6 pt 6		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	10.00		
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functions	lly integra	ated Type III supporting orga	nization (see	

instructions).

Schedule A (Form 990) 2024 SPOONFULS  Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	059/ Page <b>7</b>
Section D - Distributions	(a)(o) capporting ciga	Continu	ieu)	Current Year
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2 Amounts paid to perform activity that directly furthers exemp	***			
organizations, in excess of income from activity	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2	
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - pr	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 to	ne organization is responsive			
(provide details in Part VI). See instructions.	•		8	
9 Distributable amount for 2024 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) Underdistribution Pre-2024	ıs	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6	and the state of t	According to the second Co.	1944 1944	
2 Underdistributions, if any, for years prior to 2024 (reason-				arca (1.180年) 克尼克(1.14)
able cause required · explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2024	SUMMER SERVICES	A CONTRACTOR	á SU	
a From 2019		a talah dalah d	300	A CLASSIBATION CONTRACTOR
b From 2020	N MARK STATES	Fig. Commission Con		
c From 2021				
d From 2022	A STATE OF THE STA			A STATE OF THE STA
e From 2023	12 2 Page 18 12 19 19 19 19 19 19 19 19 19 19 19 19 19	医抗性溶液 數學問題	1	
f Total of lines 3a through 3e				GREECH STORY SASSAGERS
g Applied to under distributions of prior years	Same and the same			
h Applied to 2024 distributable amount	and the state of the state of		100	
i Carryover from 2019 not applied (see instructions)		ing and substituted		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			10 27 YE	
4 Distributions for 2024 from Section D,		r. Ara Serensia (S.		
line 7:	5489 4589M N. Th. P. St. 1883			war tan pagara
a Applied to underdistributions of prior years				
b Applied to 2024 distributable amount	Amount of the			
c Remainder, Subtract lines 4a and 4b from line 4.				数字型 医抗原性 电压力
5 Remaining underdistributions for years prior to 2024, if				
any. Subtract lines 3g and 4a from line 2. For result greater				
than zero, explain in Part VI. See instructions.				
6 Remaining underdistributions for 2024. Subtract lines 3h	45 N. N. 16 N. 16 N. 16 N. 16 N. 16 N. 16 N. 16 N. 16 N. 16 N. 16 N. 16 N. 16 N. 16 N. 16 N. 16 N. 16 N. 16 N.	6 of 12 (2 (2 (3 (2 (2 ))))))))))		
and 4b from line 1. For result greater than zero, explain in	Company of the second			The contract
Part VI. See instructions.				
7 Excess distributions carryover to 2025. Add lines 3j		o er de kiji ko da datam		
and 4c.		PART THE SECURITION		and the second second
8 Breakdown of line 7:		Commence of the Commence of th		
a Excess from 2020	and the second			Acceptance of the second
b Excess from 2021	Service Services	THE CONTRACTOR		Out the constraint of
c Excess from 2022	and the second second	化化物 数元 计线线		A PERSONAL PROPERTY.
d Excess from 2023				A CONTRACTOR OF THE STATE OF TH
e Excess from 2024			31740	
	A CONTRACTOR OF THE PROPERTY O			

Schedule A (Form 990) 2024

### SCHEDULE D

## Supplemental Financial Statements

(Form 990) (Rev. December 2024) Department of the Treasury

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection 3

Internal Revenue Service **Employer identification number** Name of the organization SPOONFULS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? \_\_\_\_\_\_ Yes \_\_ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II. Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	Sche	dule D (Form 990) (Rev. 12-2024) SPOONFULS							**-***		Page 2
a   Public arbition   d   Loan or exchange program   a   Public arbition   d   Dittor   b   Scholarly research   e   Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, of	Other	Simila	Assets	(continu	ied)
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make sig	nificant u	se of its		
b Scholarly research e Other  Preservation for future generations  Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assests to be seld to raise funder starth than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is it is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is it is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? III and complete the following table:  C Beginning balance  C Beginning balance  C Beginning balance  C Beginning balance  I 1d  C Beginning balance  C Beginning balance  I 2a Did the organization include an amount on Form 990, Part X, line 21, for escore or custodial account liability?  I Yes No  I Yes No  I Yes No  I Yes S No  I Yes S Collain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part X S Explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Beginning of year balance  C Not investment samings, gains, and losses  G End of year balance  C Not investment samings, gains, and losses  G End of year balance  C Where expenditures for facilities  and programs  Administrative expenses  G End of year balance  F Fermandowment  M Administrative expenses  G End of year balance  C Ontributions for facilities  An other excitation or in the possession of the organization that are held and administered for the organization by:  (B I Yes' No III)  Bescription of property  G Other september of property  G Other September of the organizations of the organizations of the organization in that are held		collection items (check all that apply).									
c   Preservation for future generations   4 Provide a description of the organization's celections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	а	Public exhibition	•	a 🔲 i	Loan or excl	hange progra	เท				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to risise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21.  1a Is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XV, line 10.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  C. Beginning balance  d. Additions during the year  1 Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tiability?  Yes No  b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part XIII.  Fact XIII.  Fact Investment earnings, gains, and losses of Grant You are contained in the estimated power part and programs  a Boginning of year balance  C. Note investment earnings, gains, and losses of Grant or custodial administered for the organization by:  1 Administrative expenses  g. End of year balance  2 Provide the estimated power both or unront year ond balance (line 1g, column (a)) held as:  a Board designated or quast-endowment  96  C. Term endowment  96  C. Term endowment  97  In percentages on lines 2a, 2b, and 2c should equal 100%.  3 Are three estimated percentage of the current year on Form 990, Part IV, line 10.  Completed organizations?  (i) Unrolated organizations?  (ii) Holsted organizations?  (iii) Holsted organizations?  (iv) Unrolated organizations?  (iv) Included organizations  (iv) Included organizations  (iv) Included organizations  (iv) Included organizations  (iv) Included organizati	b	Scholarly research	•	•	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV	C	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	e organizatio	n's exem	pt purpo:	se in Part	XIII.	
Eart   Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian, or other informediary for contributions or other assets not included on Form 990, Part X?	5	<u> </u>		-		-				_	
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 890, Part X?	100000000000000000000000000000000000000										No
Is the organization an agent, trustee, custodian, or other intormediary for contributions or other assets not included on Form 990, Part X?	Par			te if the	organization	answered "\	Yes" on F	orm 990,	Part IV, li	ne 9, or	
on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:    Amount		<del></del>									<u>.</u>
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   1c	1a	- ·		-					_	_	
c Beginning balance d Additions during the year e Distributions during the year 1 te									.,	Yes	∟ No
c Beginning balance  d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  3b If 'Yes' cystaplan the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. See provided in Part XIII. Check here if the explanation has been provided in Part XIII. See provided or granization by:  (i) Unreated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Bescription of property (iv) Unreated provided organizations answered "Yes" on Form 990, Part IV. Ine 11a. See Form 990, Part X. Ine 10.  Description of property (a) Cost or other basis (investment) (b) Securious provided in Part XIII. See Form 990, Part X. Ine 10.  Description of property (a) Cost or other basis (investment) (b) Securious provided in Part XIII. See Form 990, Part X. Ine 10.  Description of property (b) Bauldings (c) Leasehold improvements (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (e) Part XIII. See Provided in Provements (e) Check Description of property (e) Check Descript	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:						
d Additions during the year										Amount	
e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or outstodial account liability?  Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part X Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [b Contributions  Contributions  In Beginning of year balance  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [b Contributions  Contributions  In Beginning of year balance  Contributions  In Beginning of year balance  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [b Contributions  Contributions  In Beginning of year balance  [c) Two years back (d) Three years back (e) Four years back  [c) Two years back (d) Three years back (e) Four years back  [c) Two years back (d) Three years back (e) Four years back  [c) Two years back (d) Three years back (e) Four years back (e) Four years back  [c) Two years back (d) Three years back (e) Four years back (e) Four years back  [c) Two years back (e) Two years back (e) Four years back (e) Four years back (e) Four years back  [c) Two years back (e) Two years back (e) Four years back (e)											
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?    Fires, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.   Fart V   Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part Ves, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XI, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Contributions  c Net investment earnings, gains, and losses (d) Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Ave there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part XIII Land  b Buildings c Leasehold improvements  5,000, 2,417, 2,583. d Equipment  6 Leasehold improvements  9 Squipment  19	е										
Book   Fire Yes, *explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.   Part XIV.   Endowment Funds   Gonglete   Fire organization answered Yes' on Form 990, Part IV, line 10.										<del></del>	
Part   M   Endowment Funds   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			•	•				y?	L	Yes	No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years   (e)	22 - C 5235										
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quast-endowment y6 b Permanent endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VIII Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 890, Part X, line 10.  Description of property  {a) Cost or other basis (investment) b Buildings c Leasehold improvements 5,000, 2,417, 2,583, d Equipment 219,275, 109,670, 109,605, e Other 894,950, 430,321, 464,629.	Har	Endowment Funds Complete if							1		
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Related organizations? (iv) Related organizations? (iv) Complete if the organization sisted as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Pair XIII Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation  1a Land  b Buildings c Leasehold improvements 5,000, 2,417, 2,583, d Equipment 219,275, 109,670, 109,605.			(a) Current year	(b) H	rior year	(c) (wo year	rs dack (	<b>aj</b> inree y	years back	(e) Four	years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a			-							
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b			ļ <del></del>		<u> </u>					
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	C										
and programs  f. Administrative expenses g. End of year balance  2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a. Board designated or quasi-endowment											
Fig.   Administrative expenses   Find of year balance   Find of ye	е	·				1					
per End of year balance											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:    Board designated or quasi-endowment	f										
Board designated or quasi-endowment	g			l						<u> </u>	
b Permanent endowment	2	· ·		•	j, column (a)	) held as:					
The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VIII Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  C Other  Other  430, 321. 464, 629.	_			%							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?	-										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iiii)  Related organizations? (iiii) Related orga	C		•								
Ves   No   (i)   Unrelated organizations?   3a(i)   Unrelated organizations?   3a(i)   Ves   No   (ii)   Related organizations?   3a(ii)   Ves   No   If "Yes" on line 3a(ii), are the related organization's intended uses of the organization's endowment funds.   Ves   Ves   Ves   Unrelated organization answered   Ves   One   One   Ves   One   One   Ves   One   Ves   One   Ves   One   Ves   One   Ves   One   One   Ves   One   One   Ves   One   One   Ves   One   One   Ves	_		•								
(i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related org	За		ession of the organiz	ation tha	t are held ar	id administer	red for the	<del>)</del>		Г	Van I Na
(ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part XII Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  d Equipment  Other  894,950.  430,321.  464,629.		•									Tes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part XII Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  894,950.  430,321.  Ab  (d) Book value  15,000.  2,417. 2,583. 109,605.										1 1	
Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  229, 275.  109,670.  109,605.											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  b Buildings  c Leasehold improvements  d Equipment  Other  894,950.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  25,000.  2,417.  2,583.  109,670.  109,605.										[35]	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation				wment t	unas.				-		
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation				() Part N	/ line 11a 9	see Form 000	) Part Y I	line 10			
basis (investment)         basis (other)         depreciation           1a Land         3           b Buildings         2,417.         2,583.           c Leasehold improvements         5,000.         2,417.         2,583.           d Equipment         219,275.         109,670.         109,605.           e Other         894,950.         430,321.         464,629.										fall Dool	
1a Land       b Buildings       c Leasehold improvements     5,000.     2,417.     2,583.       d Equipment     219,275.     109,670.     109,605.       e Other     894,950.     430,321.     464,629.		Description of property	, ,							(a) Door	value
b Buildings     5,000.     2,417.     2,583.       c Leasehold improvements     519,275.     109,670.     109,605.       e Other     894,950.     430,321.     464,629.		Land	<del></del>	i i i i i i i	Dasis	(Outon)					
c Leasehold improvements       5,000.       2,417.       2,583.         d Equipment       219,275.       109,670.       109,605.         e Other       894,950.       430,321.       464,629.							ures vers	200 ( 10 <b>1</b> 0 )			
d Equipment 219,275. 109,670. 109,605. e Other 894,950. 430,321. 464,629.						5 000	<b> </b>	2	41.7		2 583
e Other			1			<del></del>			·		<del></del>
9 04:01						······································					
				V 8== 4	No salver		·		, _ = = •		_ <u>-</u> -

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) SPOONFULS		*	*-***0597	Page 3
Part VII Investments - Other Securities			•	
Complete if the organization answered "Yes" or		•		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests	****			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				10.00
(H)			**************************************	
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market	value
(1)	,			
(2)		-		
(3)				
(4)				
(5)				
(6)				
(7)	•			
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		Committee and the second of the contract of	(1) 中国 (1) 中国 (1)	11.00
Part IX Other Assets				
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a) D	escription		(b) Book	value
(1) RIGHT-OF-USE ASSETS-OPERATING LEASE			1	338,378
(2)	•			
(3)		*****		
(4)			1	
(5)			<u> </u>	
(6)			<del>                                     </del>	
(7)				
(8)			-	
(9)	/mil			338,378
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities	<u>(B))</u>			330,370
States September 1	n Cours 000 Doubly line	11a av 11f Pag Earm 000 Dort V line 2	Œ	
Complete if the organization answered "Yes" or 1 (a) Description of liability	n romi 990, Pari IV, line	The or Th. See Form 990, Part X, line 2	b) Book	value
			(b) Book	value
(1) Federal income taxes			1	252 222
(2) OPERATING LEASE OBLIGATIONS				353,378
(3)				
(4)				
(5)				

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

Schedule D (Form 990) (Rev. 12-2024)

(7) (8)

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

353,378.

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) SPOONFULS	**-***0597	Page 5
Schedule D (Form 990) (Rev. 12-2024) SPOONFULS  Part XIII Supplemental Information (continued)	· · · · · · · · · · · · · · · · · · ·	
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Schedule D (Form 990) (Rev. 12-2024)

## SCHEDULE G (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  SPCONFULS	o www.ns.gov/ro/msso for instruc	- HOHa	ana a	ie latest ilitorimation		Employer ider	ntification number
	Complete if the organization answe	ered "Y	es" or	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
required to complete this part  1 Indicate whether the organization rais  a	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual  art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	nongo gover ising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	<u> </u>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	ustody	(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				
			:				
							<del> </del>
<del></del>							
***************************************		:					
	<u> </u>				i		
Total  3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	l it is	exempt from re	gistration
				<u></u>			
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT							
For Panerwork Peduction Act Notice se	ee the Instructions for Form 990 o	- GQN-E	.7		Sch	edule G/Eorm	990) /Rev. 12-2024)

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			(-,	COCKTAILS &	<b>,-,</b>	(d) Total events
			TAILGATE	COMMUNITY	4	(add col. (a) through col. (c)
<u>o</u>			(event type)	(event type)	(total number)	coi. ( <b>c</b> ))
Revenue	1	Gross receipts	337,846.	37,719.	84,286.	459,851.
1	2	Less: Contributions	290,279.	32,343.	82,994.	405,616.
	3	Gross income (line 1 minus line 2)	47,567.	5,376.	1,292.	54,235.
			:			
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	227,701.	12,781.		240,482.
ect Ex	7	Food and beverages	853.		5,287.	6,140.
ä	8	Entertainment		2,100.		2,100.
	9	Other direct expenses			37,621,	42,627,
	10	Direct expense summary. Add lines 4 throug				291,349.
	11	Net income summary. Subtract line 10 from I				-237,114.
Pa	t I	Gaming. Complete if the organization				
$\neg$		\$15,000 on Form 990-EZ, line 6a.	115	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eVe						
	1	Gross revenue				
w	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct Ex		Rent/facility costs				
ä	-	Tionbraomy dodie				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %  No	Yes %	research No. 1
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
		er the state(s) in which the organization cond he organization licensed to conduct gaming a		-1-1-0		Yes No
		ne organization licensed to conduct gaming a		states?		, L res L No
		re any of the organization's gaming licenses r res," explain:	evoked, suspended, or te	erminated during the tax y	/ear?	Yes No

Schedule G (Form 990) (Rev. 12-2024) SPOONFULS	**-***0597 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity forme	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
h An outside facility	13b %
<ul><li>b An outside facility</li><li>14 Enter the name and address of the person who prepares the organization's gaming/special events books and re</li></ul>	
14 Enter the hard and address of the person who prepares the organization's gaining/special events books and re	corus.
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and th	e amount
of gaming revenue retained by the third party \$	
c If "Yes," enter the name and address of the third party:	
,	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Description of services provided	
	THE STATE OF THE S
Director/officer Employee Independent contractor	
47 Mandataw distributions:	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	Dent in the
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	ed (A) and Dart III. lines 0. Ob. 10b
	id (v), and Part III, lines 9, 90, 100,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	<del></del>

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Schedule G (Form 990) SP	DONFULS	**-***0597	Page 4
Schedule G (Form 990) SP Part IV Supplemental Informa	ation (continued)		
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		Schedule G	(Form gan
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## SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

## **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. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SPOONFULS

Employer identification number \*\*-\*\*\*0597

Pa	irt 🔝 Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		· 10	2.4
	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	1000000		
	Travel for companions Payments for business use of personal residence	. 40.00		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
			o si	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		14.5	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		4,300	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		3017	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	6.00		
	establish compensation of the CEO/Executive Director, but explain in Part III.	43.43		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study		(A) (4)	100
	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	31.9	y Au	
	organization or a related organization:	100	51,448	
а	Receive a severance payment or change-of-control payment?	4a		X
b		4b		х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	100	¥ 7	
		100		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		Ž.	16/23
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	100		23
	contingent on the revenues of:	11	4.5	
а	The organization?	5a	43 Charles water	X
	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.	15	19.7(19)	1400
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	25072		87.10
	contingent on the net earnings of:		36.33	
а	The organization?	6a	0 870 320.3	Х
	Any related organization?	6b	1	Х
-	If "Yes" on line 6a or 6b, describe in Part III.			¥.00
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	are the second	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1	
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	7 J. 1		
-	Regulations section 53.4958-6(c)?	9	مائنىڭ خامات	- Prince Action

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

					,			
		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(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	E	201,728.	.0	0	21,562.	0	223,290.	0.
FOUNDER/CEO	(iii)	0.	0.	0.	.0	0.	0.	•0
(2) ERIN PALMER KEOHANE	Θ	163,645.	.0	0.	8,493.	30,234.	202,372.	.0
CHIRE ADVANCEMENT OFFICER	<u> </u>	0	0.	0	0.	• 0	•0	.0
(3) JONELLE KUSMINSKY	_	122,390.	.0	0.	11,581.	32,242.	166,213.	0.
SENIOR DIRECTOR OF COMMS AND PUBLIC		0	0	0	.0	•0	0	.0
	(i)							
	(ii)							
	(3)							
	Ξ							
	(1)							
	Ξ							
	Ξ							
	<u> </u>							
	Ξ		-					
	<u> </u>							
	Ξ							
	<u> </u>							
	Ξ							
	(iii)							
	Θ							
	(ii)							
	(1)							
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	Ξ							
	(ii)							
	ε							
	(iii)							
	ε							
	(ii)							
	€							
	€							-
							Schedule J (Forn	Schedule J (Form 990) (Rev. 12-2024)

51

#### **SCHEDULE L**

(Form 990)

(Rev. December 2024)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service	Go to v	www.irs.gov/Forr	n990 f	or inst	ructions and the lat	test i	nformation.		]	In	specti	on	
Name of the organization								Emp	oloyer	identi	ficatio	n nur	nber
-	SPOONFULS								-***				
Part I Excess Be	nefit Transac	tions (section 5	01(c)(3	), secti	ion 501(c)(4), and se	ction	501(c)(29) orga	nizatio	ns on	v)			
Maria Caraca Car													
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990 EZ, Part V, line 25a or						110 101	(d) Corrected?					
(a) Name of disqualifie	d person	person and o	(0	(c) Description of transaction					Yes No				
(1)		•									<del>  '`</del>	-	110
(2)	1			,							╅	$\neg$	
(3)											+		
(4)											+	_	
(5)											+	_	
(6)											$\vdash$		
2 Enter the amount of ta	av incurred by the	organization mar	100000	or dina	uglified persons dur	ina th	o voor under						
	=	<del>-</del>	-		-	_	<del>-</del>		Ф				
3 Enter the amount of ta													
5 Enter the amount or ta	ax, ii ariy, ori firle i	z, above, reimbur	seu by	me org	gariizatiori ,				Ф				
Part II Loans to a	nd/or From I	nterested Per	eone										
Contract of Francisco				300 FZ	D-+1/ U 0D		000 Death / B	00:					
•	_				, Part V, line 38a, or	rorm	990, Parciv, III	10 20;	or II In	e orga	ınızau	on	
	(b) Relationsh	90, Part X, line 5,		z. can to or	(-) Ovisinal	1 (0	Dalaman dua	1	l la	(h) Api	oroved	/a) \A)	ritten
(a) Name of (b) Relation interested person with organ				n the	(e) Original principal amount	(f) Balance due			) In ault?	by bo	Approved (i) Wri board or nmittee?		ment?
microsite percent	Will Organizati	0.104.1	1 -	ization?	principal amount								_
			То	From		┼		Yes	No	Yes	No	Yes	No
<u>(1)</u>		-	+	<del> </del>		-		<del> </del>					-
(2)			-	-		<del> </del>							
(3)		<u> </u>		<del> </del>		<u> </u>							<del></del>
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_(5)		<u> </u>				-		<del> </del>					<b></b>
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(7)			-	_		<u> </u>		ļ	<u> </u>				ļ
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(10)			.,			<u> </u>		1000000000		62856 K.S		182 7548	200 (200)
Total		4111 1 1			<u>\$</u>			3.7					<b>19</b>
Part III Grants or	Assistance B	enefiting Inte	reste	d Per	sons								
Complete if the	ne organization ar	nswered "Yes" on	Form 9	990, Pa	art IV, line 27.								
(a) Name of interested person		(b) Relationship between			(c) Amount of (d) Type					Purpose of assistance			
		interested per the organiz		ıd	assistance		assistar	ice			assist	ance	
		the organiz	allon										
(1)													
_{2}													
(3)													
[4]													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
For Paperwork Reduction	Act Notice, see	the Instructions	for Fo	rm 99	0 or 990-EZ.		So	hedul	e L (F	orm 99	90) (R	ev. 12	-2024)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring c ation
	, solder and digament.			Yes	No
1)SANDY CADES	TREASURER/CFO	28,305	CONSULTING	163	Х
2)		······································		1	
3)					
4)					
5)					
6)					
7)					
8)					
9)					
0)					
Part V Supplemental Information					
Provide additional information for r	esponses to questions on Schedule L., See i	nstructions.			
H L, PART IV, BUSINESS TRANSACTION	NS INVOLVING INTERESTED PERSONS:				
) NAME OF PERSON: SANDY CADES			•		
) DESCRIPTION OF TRANSACTION: CON	SULTING CFO FOR ROXBURY YOUTH WOR	Ks -			
ORGANIZATION THAT RECEIVED IN-KI	ND FOOD DONATIONS FROM SPOONFULS.				
			<u> </u>		
		<u> </u>			
3550.00 1					

## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

SPOONFULS

Inspection Employer identification number \*\*-\*\*\*0597

Pai	tt Types of Property				
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d)  Method of determining noncash contribution amounts
1	Art - Works of art		neme continuated	TOTAL OSO, FAIR VIII, IIIIS 19	
2	Art - Historical treasures				
3	Art - Fractional interests				· · · · · · · · · · · · · · · · · · ·
4	Books and publications		16.7 T \$ 1.7 T \$ 1.7 T		
5	Clothing and household goods		T/1985 415 7 W 1		-
6	Cars and other vehicles		100 Squary Co. 2 50 1 5000 Malaces		
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	5529932	10,935,010.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other (				<u> </u>
29	Number of Forms 8283 received by the organization	zation during	g the tax year for c	ontributions	
	for which the organization completed Form 828	83, Part V, D	Donee Acknowledg	ement 29	0
					Yes No
30a	During the year, did the organization receive by	y contributio	on any property rep	orted on Part I, lines 1 throu	gh 28, that it
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	Transaction Visit Delication 1.
	exempt purposes for the entire holding period?	?	·····	•••••	30a X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance p	_		-	tions? 31 X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash	
					32a X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,
	describe in Part II.				

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

Schedule M (Form 990) 2024

432142 01-18-25

Schedule M (Form 990) 2024

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

(Rev. December 2024)

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 wave its gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

SPOONFULS \*\*\_\*\*\*0597

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PERISHABLE FOOD THAT WOULD OTHERWISE BE DISCARDED. SPOONFULS WORKS
EFFICIENTLY TO DELIVER THIS FOOD DIRECTLY TO THE COMMUNITY
ORGANIZATIONS AND RESOURCES WHERE IT CAN HAVE THE GREATEST IMPACT.
SPOONFULS IS COMMITTED TO ADDRESSING THE HEALTH, ENVIRONMENTAL AND

ECONOMIC IMPACT THAT FOOD WASTE HAS ON OUR COMMUNITY, HEADQUARTED IN

BOSTON, MA, SPOONFULS IS A 501(C)(3), NON-PROFIT ORGANIZATION. THE

PLENTY PROGRAM AT 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 1, DESCRIPTION OF ORGANIZATION MISSION:
GREATEST IMPACT. SPOONFULS IS COMMITTED TO ADDRESSING THE HEALTH,
ENVIRONMENTAL AND ECONOMIC IMPACT THAT FOOD WASTE HAS ON OUR COMMUNITY.
HEADQUARTED IN BOSTON, MA, SPOONFULS IS A 501(C)(3), NON-PROFIT
ORGANIZATION. ADD THE FOLLOWING: THE PLENTY PROGRAM AT 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: SINCE OUR FOUNDING, WE HAVE RECOVERED OVER 37 MILLION POUNDS OF FOOD AND DISTRIBUTED IT ACROSS MASSACHUSETTS.

WE SOURCE UNSOLD, FRESH FOOD (LIKE FRUITS AND VEGGIES, DAIRY, LEAN PROTEIN, AND BAKED GOODS) FROM FOOD RETAILERS LIKE GROCERY STORES, WHOLESALERS, AND FARMS. OUR TEAM OF FOOD-SAFETY CERTIFIED DRIVERS DELIVERS, SAME DAY, TO FOOD PROGRAMS (LIKE PANTRIES, MEAL PROGRAMS, AND MORE) REACHING NEIGHBORS FACING FOOD INSECURITY.

IN 2024 WE

- WORKED WITH NEARLY 300 PARTNERS TO RECOVER

- AND DISTRIBUTE OVER 5.5M POUNDS OF FOOD (VALUED AT NEARLY

\$11,000,000) ACROSS THE COMMONWEALTH AND

- FORGED 23 NEW PARTNERSHIPS WITH FOOD RETAILERS AND NONPROFITS IN THE LAST 12 MONTHS.

THE FOOD WE DISTRIBUTED IN 2024 REACHED MORE THAN 400,000 PEOPLE ACROSS 65 TOWNS AND CITIES, AND OUR FOOD RECOVERY EFFORTS PREVENTED THE SAME GREENHOUSE GAS EMISSIONS AS 634 GAS-POWERED CARS DRIVEN FOR ONE YEAR.

WITH ADDITIONAL CAPACITY ON OUR TEAM, WE'RE SOURCING MORE FOOD (ON AVERAGE, WE ARE RECOVERING 17% MORE POUNDS OF FOOD, YEAR OVER YEAR).

WE'RE ON TRACK TO DO EVEN MORE IN 2025, WITH A PLANNED EXPANSION TO SOUTHEASTERN MA IN Q4 OF 2025.

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

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

LHA 432211 01-15-25

Schedule O (Form 990) (Rev. 12-2024)

Name of the organization	Employer identification number
spoonfuls	**-***0597
THE 990 IS INITIALLY REVIEWED BY THE CFO AND IS THEN REVIEWED BY THE BOARD	
OF DIRECTORS PRIOR TO SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C:	
UPON MEMBERSHIP, AND ANNUALLY THEREAFTER, BOARD MEMBERS ARE REQUIRED TO	
DISCLOSE ANY CONFLICTS OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD AND CONSULTING CFO COMPARED THE EXECUTIVE DIRECTOR'S SALARY TO	
THOSE OF OTHER DIRECTORS OF SIMILAR AGENCIES AS WELL AS TO WHAT LOVIN'	
SPOONFULS COULD AFFORD, THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED	
AND APPROVED BY THE BOARD. THE EXECUTIVE DIRECTOR ABSTAINS FROM THIS	
PORTION OF THE MEETING.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS AS A WHOLE IS RESPONSIBLE FOR THE OVERSIGHT OF	
THE AUDIT. THE PROCESS HAS NOT CHANGED DURING 2024.	
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