			1	Rotur	n of Or									ncome T	av	I	OMB No. 1545-0047
For	<b>Q</b>	90				-					-						2022
FOI		JU	Under											ept private fou made public.	Indation	is)	
Depa	rtment	of the Treasury enue Service			o to www.irs.		-					-		-			Open to Public Inspection
		e 2022 calend	dar year,			-		1,	202						2023		
Bc	heck if	C Name o				<u> </u>		,						D Employer		catior	ו number
	Addre	ess Ever	ry Me	al													
	 Name		business											80-0	9196	80	
Initial return     Number and street (or P.0. box if mail is not delivered to street address)     Room/suite     E     Telephone number																	
Final 2723 Patton Rd 612-568-40																	
	ated Amer	City or t			vince, country		ZIP o	r fore	ign pos	tal cod	е			G Gross receipts			0,481,979.
	_returr _Appli	, Rose		e, MN					-1-					H(a) Is this a			<b>.</b>
	tion pendi	F Name a		ress of prir 2 abov	ncipal officer:	Jeni	na	501	ure					for subo			
	-	empt status:				)	(	insert	no ) [	1047	(a)(1)	or 🗌	507	H(b) Are all sub			
	Ax-ex Vebsi			ymeal	<u> </u>	)	(	Insen	110.) <u> </u>	4947	<u>(a)(1)</u>		527	<b>H(c)</b> Group e			See instructions
		f organization:			Trust	Δο	socia	tion		ther			loor				e of legal domicile: <b>MN</b>
	irt I	Summary		poration			30010						i tai			Jala	5 OF REYAL CONTINUITE. FILL
	1			raanizatiou	n's mission or	most	eiani	ficant	activiti	es. E	ver	v Me	a1	's miss	ion i	s	to fight
e	'													nerships			<u></u>
Governance	2	Check this bo												than 25% of its		ote	
veri	3	Number of vo	-		-				-		-						16
Ĝ	4																15
																	52
Activities &																	2253
Ś																	0.
Ă																	0.
								,	.,				<u> </u>	Prior Year			Current Year
	8	Contributions	s and gra	ants (Part \	VIII, line 1h)									6,198,	378.		9,712,115.
Revenue	9	Program servi	-											107,	265.		747,326.
eve	10	Investment in												1,	724.		22,538.
č		Other revenue												3,	154.		0.
		Total revenue												6,310,	521.	1	.0,481,979.
		Grants and si												2,179,	295.		2,722,866.
	14	Benefits paid	to or for	members	s (Part IX, colu	umn (A)	), line	e 4)							0.		0.
s	40	Salaries, othe												2,737,	617.		3,268,068.
Expenses	16a	Professional f	fundraisi	ng fees (P	art IX, colum	n (A), lir	ne 1 <sup>-</sup>	1e)							0.		0.
bei	b	Total fundrais							2	2,173	1,4	53.					
ŵ	17	Other expense	ses (Part	IX, colum	n (A), lines 11	a-11d,	11f-2	24e)						1,661,			1,664,577.
	18	Total expense	es. Add I	ines 13-17	7 (must equal	Part IX	(, col	umn (	(A), line	25)				6,578,			7,655,511.
	19	Revenue less	s expense	es. Subtra	<u>ict line 18 fror</u>	n line 1	2.							-268,	028.		2,826,468.
oces													Be	ginning of Curre			End of Year
Assets or d Balances	20	Total assets (F	(Part X, li	ne 16)										3,501,			6,734,083.
t As d B	21	Total liabilities	es (Part X	, line 26)									L	326,			732,768.
ENe.		Net assets or			ubtract line 21	l from l	line 2	20						3,174,	847.		6,001,315.
	art II																
								-							-	know	ledge and belief, it is
true,	corre	ct, and complete	e. Declarat	tion of prep	oarer (other tha	n officer	r) is b	ased (	on all int	formatio	n of w	hich prep	arer	has any knowled	ge.		

Sign	Signature of officer				Date	
	Jenna Soule, Chair					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	Steven D. Anseth, CPA	Steven D.	Anseth, (	CP 12/27	/23 self-employed	P00552219
Preparer	Firm's name Abdo LLP				Firm's EIN <b>41</b> -	1397419
Use Only	Firm's address 5201 Eden Ave, St	e 250				
	Edina, MN 55436				Phone no.952.	835.9090
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions				X Yes No
000001 10 1	a an IIIA For Department Reduction Act Nativ	a and the concrete	instructions			Earm <b>990</b> (2022)

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	n 990 (2022) Every Meal 80-0919680 Page 2 rt III   Statement of Program Service Accomplishments
Par	
1	Check if Schedule O contains a response or note to any line in this Part III
	Every Meal's mission is to fight child hunger through community and
	school partnerships.
	school parcherships.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 4,742,278. including grants of \$ 2,722,866. ) (Revenue \$ 747,326.
	In the fall of 2010, the principal at Las Estrellas (formerly Sheridan
	Elementary) told Mill City Church and Every Meal founder, Rob Williams,
	her students didn't have enough food on the weekends and asked if they
	could help. In response, they provided meal bags each Friday and the
	organization was born. Since then, the organization has worked
	tirelessly to remove the barriers to food access that so many children
	face. Every Meal has provided over 11.2 million meals to thousands of
	children who are living in food insecurity.
	children who are living in rood insecurity.
	Every Meal (formerly The Sheridan Story) works to fight child hunger in
	Minnesota by filling the gaps that children face during weekends,
	summers, and extended breaks when they are not in school to access meal
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.0	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     4,742,278.
+6	Total program service expenses     4, /42, 2/8.       Form 990 (202
32000	See Schedule O for Continuation(s)
	3
12	27 759492 47883 2022.05010 EVERY MEAL 4788

Is the organization described in section 501(c)(3) or 4947(a)(1) (after than a private foundation)?         Yes         No.           1         If the organization described in section 501(c)(3) or 4947(a)(1) (after than a private foundation)?         1         X           2         Is the organization respired to complete Schedule (). Schedule of Contributors? See instructions         2         X           3         Sectors 01(c)(3) organization. Bit the organization angage in lobbying activities on behalt of or in proposition to candidates to public office? If Yise, 'complete Schedule C, Part I         3         X           4         X         5         X         4         X           5         bit the organization assection 501(b) election in effect of index of the organization trans of the which donors have the right to privide advice on the obstruction or investiment of amounts in such funds or accounts for which donors have the right to privide advice on the obstruction or investiment of amounts in such funds or accounts? If Yise, 'complete Schedule D, Part I         8         X           10         Did the organization mericina of an information assector. 7 If Yise, 'complete Schedule D, Part I         8         X           10         Did the organization reprive an organization reprive a diverse of a maxem.         1         X           10         Did the organization mericina on anount in Part X, Ime 21, for encrew or custodial account liability, serve as a custodian for amounts in listed in Part X, in reprive advice D, Part I         1<		990 (2022) Every Meal 80-0919	680	P	age <b>3</b>
1         Is the arganization described in section 501(k) or 4947(a)(1) (other than a private loundation)?         I         X           2         Is the arganization engage in direct particle analysing activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I         2         X           3         Did the arganization angue in direct particle campaign activities on balaf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I         4         X           4         be arganization ascience Site (Schedule B, Schedule C, Part I)         5         X           5         Did the arganization and the schedule C, Part I         6         X           6         Did the arganization and the schedule C, Part I         6         X           7         Did the arganization matchin and thread threasures, or ather schedule C, Part II         6         X           8         Did the arganization matchin and thread threasures, or ather schedule D, Part I         7         X           7         Did the arganization matchin and thread threasures, or ather schedule D, Part I         8         X           8         Did the arganization matchin and thread threasures, or ather schedule D, Part I         8         X           9         Did the arganization matchin and thread arganization, that a schedule D, Part I         8         X           9	Par	t IV Checklist of Required Schedules			
# ***: *complete Schedule A       1       X         2       Is the organization regure to complete Schedule B, Schedule of Contributors? See instructions       2       X         3       Did the organization regure to complete Schedule C, Part I       3       X         4       Secton 50 (EQ) organization. Did the organization regage in lobbying activities, or have a secton 50 (F) sleetcon in effect of units to sector 50 (F) sleetcon in effect of units and the organization matrix and yound or advised that focal or any solitor function are the right to provide advice on the distinuction or investment of amounts in such funds or accounts? (P Yes, "complete Schedule C, Part II       6       X         5       Did the organization matrix and yound advised that or any solitor funds or accounts? (P Yes, "complete Schedule D, Part I       7       X         8       Did the organization matrix and schedule counseling, debt management, cordit repair, or debt regolation services?       7       X         9       Did the organization regure to any othe following quantions in the rest. X, line 21, for service or unitability, serve as a custodiant for amount in Part X, line 21, for serve or unitability, serve as a custodiant service?       8       X         10       Did the organization regure to any othe following quantions is inden to regure table. D, Part II       7       X         10       Did the organization regonar anount for interset online schedule D, Part II       10       X         11       The organization regonar anon				Yes	No
2         Is the organization engine in complete Schedule G contracture? See instructors         2         X           3         Dut the organizations engine indice to indice topication page in loobying activities on bala for or isoposition to considiates for during the two and its control in the organization and the organization engine in the organization that receives membership dues, assessments, or similar amounts as defined in Rev Proc. B 101 /r V Vres, 'complete Schedule C, Part I         4         X           5         The organization asset Schedule C, Part I         5         X           6         Dut the organization asset Schedule C, Part I         5         X           7         Dut the organization asset Schedule C, Part I         6         X           8         Dut the organization asset on the distructors I wave, 'complete Schedule C, Part I         6         X           7         Dit the organization receive or hold a conservation essement, including essements to preserve open space.         7         X           8         Dit the organization metabox or tworks of at, historical treasures, or other similar assets I/P Wes, 'complete Schedule D, Part I         8         8           9         Dit the organization metabox in the organization in the distast or a state organization reports a mount for land box space induces and the organization reports are organized organization. Hold assets in done-restricted endowments or in quasi endowments? If ''vs,' complete Schedule D, Part V         8         X         10 <t< th=""><th>1</th><th></th><th>4</th><th>x</th><th></th></t<>	1		4	x	
<ul> <li>3 Did the organization engage in direct or instruct political campaign activities on behall of or in opposition to candidates for public officity 11% set, complete Schedule C, Part II</li> <li>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 // 11% c), complete Schedule C, Part II</li> <li>5 Is the organization a section 501(h) election in effect during the tax year // enginetation fraction argonate and year or an annual for any one section section for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yea,' complete Schedule D, Part II</li> <li>6 Did the organization reactive on thistoric structures? If 'Yea,' complete Schedule D, Part II</li> <li>7 X.</li> <li>8 Did the organization engage in advice or any similar funds or accounts? If 'Yea,' complete Schedule D, Part II</li> <li>8 Did the organization reactive right or any organization attribution assents. In childing easements to provide advice and an engage in lobbying activities on the similar assets? If 'Yea,' complete Schedule D, Part II</li> <li>9 Did the organization mapping the Schedule D, Part V</li> <li>9 Did the organization success to any of the following questions in Yea,' then complete Schedule D, Part V.</li> <li>10 Did the organization anount for investments - other socurities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16% for yea,' complete Schedule D, Part V.</li> <li>10 Did the organization manum to investments - other socurities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16% for Yea,' complete Schedule D, Part X.</li> <li>10 Did the organization manum for investments - other socurities in Part X, line 12, line 13, that is 5% or more of its total assets reported in Part X, line 16% for Yea,' complete Schedule D, Part X.</li> <li></li></ul>	2				
able office 7/ "Yes," complete Schedule C, Part I         3         X           4         Section 501(p3) organizations. Did the organization engage in lobbying activities, or have a section 501(p) election in effect         4         X           5         Is the organization a section 501(p)(3), 501(p)(5), or 501(p) organization that receives membership dues, assessments, or similar amounts as defined in the Proc. 98-117 (*g.* complete Schedule C, Part II         4         X           6         Did the organization receive or hold a conservation esserement, including easements to preserve open space, the environment, historic lateras, or historic and ensar, or historic and endowments?         7         X           7         Did the organization report an amount for thard, paraticular, hold assets in donor-restricted endowments?         7         X           10         Did the organization report an amount for indive schedule D, Part VI         10         X           11         If the organization report an amount for investments- organar related in Part X, line 107, if Y <sub>96</sub> , "complete Schedule D, Part VI         111			<u> </u>		
• 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? (M*s; * complete Schedule C, Part II         • X           • Is the organization a section 501(c)(I, 501(c)(S), or 501(c)(S) or 500(c)(S) or 500(c	•		3		х
during the fax year? If Yes, "complete Schedule C, Part II         4         X           5         Is the organization a section S(Ir(k), 501(k)) for 501(k) for opanization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98:197 /f Yes, "complete Schedule C, Part III         5         X           6         Did the organization matrixin any done advised turids or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such turids or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such turids or groupplete Schedule D, Part II         6         X           7         X         8         0         4         X           8         Did the organization measure in hard constructures II /res, "complete Schedule D, Part II         7         X           9         Did the organization report an amount in Part X, line 11, for sercew or custodial account liability, serve as a custodian for amounts not listed in Part X. Ire 21, for sercew or custodial account liability, serve as a custodian for amounts not listed in Part X. Ire 197 (res, "complete Schedule D, Part VI         10         X           10         Did the organization report an amount for line, buildings, and equipment in Part X, line 107 (reg, "complete Schedule D, Part VI         10         X           11         If the organization report an amount for rivestments - other securities in Part X, line 107 (reg, "complete Schedule D, Part X)         10         X	4				
5         Is the organization section 501(c)(0, 501(c)(0, or 501(c)(0) organization that receives membrahip dues, assessments, or similar mounts as defined in Rev. Proc. 98-191 // Yes, "complete Schedule D, Part II         5         X           6         Dot the organization maintian 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or assessments, or any distribution assessments, or any distribution assessments or accounts for which donors have the regulation funds or accounts for the response to provide advice on the distribution or any distribution assessments, or distribution assessments, or any distribution assessments or any distribution assessments, and the response schedule D, Part II         6         X           7         X         8         X         7         X           10         Did the organization report an amount for land, buildings, and equipment in Part X, line 107. If Yes, 'complete Schedule D, Part VI         10         X           11         If the organization report an amount for investments - order assess in Part X, line 107. If Yes, 'complete Schedule D, Part VI         11a         X           111         X			4		Х
6       Det 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 II       S         7       Do the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       7       X         9       Do the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Do the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part VII       9       X         10       Did the organization frequent and the Part X, ine 21, for secrow or custocial account liability, serve as a custodian for amounts or thread treasures, or other similar assets? If "Yes," complete Schedule D, Part VI       10       X         11       If the organization report an amount for law setter organization, firetory and particular setter second and part X, line 10? If "Yes," complete Schedule D, Part VI       10       X         11       If the organization report an amount for reperter schedule D, Part VI       11       X       11       X         11       If the organization report an amount for revertments - program related In Part X, line 12? If "Yes," complete Schedule D, Part X       11       X      <	5				
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part II     6     X       7     Did the organization receive or hold a consenvation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II     7     X       8     Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II     8     X       9     Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide careful counseling, debt management, credit repair, or debt negotiation services?     9     X       10     Did the organization, directly or through a related organization, hold assets in donor-restricted endowments     10     X       11     If the organization report an amount for investments - other securities in Part X, line 10? IF 'Yes,' complete Schedule D, Part VI     111     X       12     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 VI     111     X       13     Did the organization report an amount for investments - program related in Part X, line 15? IF 'Yes,' complete Schedule D, Part X     111     X       14     X     Did the organization report an amount for investments - program related in Part X, line 16? IF 'Yes,' complete Schedule D, P		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       X       Did the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custocial account liability, serve as a custocial nor or anounts not listed in Part X. or provide credit counseling, debt management, credit repair, or debt negotiation services?       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       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 12, "Yes," complete Schedule D, Part VI       10       X         12       Did the organization report an amount for investments - rorgam related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part XI       11       X         13       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 167 II "Yes," complete Schedule D, Part X       114       X         14       Did the organization subar aspare or consolicitated financial statements for the tax year?	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part II       7       X         9       Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, or debt negotiation services?       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       X         11       If the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part V       11       X         12       Did the organization report an amount for investments - other securities 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 VI       11       X         13       X       Intel Y "yes," complete Schedule D, Part VI       11       X         14       X       Intel Y "yes," complete Schedule D, Part VI       11       X         14       X       Intel Y "yes," complete Schedule D, Part X       11       X         15       Did the organization report an amount for investments for the X way in rolud			6		<u> </u>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III         8         X           9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services?         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         X           11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI         11a         X           12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI         11a         X           13 Did the organization report an amount for ther assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X         11a         X           14 Did the organization separata or consolidated financial statements for the tax year include a footnote that addresses the organization separata amount for other liabilities in Part X, line 27. If "Yes," complete Schedule D, Part X         11d         X           14 Did the organization separate or consolidated financial statements for the tax year? If "Yes," and	7		_		v
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew 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?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       9       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V       10       X         12       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 167 If 'Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes," complete Schedule D, Part VI       11a       X         14       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 167 If 'Yes," complete Schedule D, Part VI       11d       X         14       Did the organization report an amount for other lastities in Part X, line 257 If 'Yes," complete Schedule D, Part X       11d       X         15       Did the organization report an amount for other lastities in Part X, line 257 If 'Yes," complete Schedule D, Part	•		7		
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?       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       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         12       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 VI       11a       X         13       Did the organization report an amount for other labilities 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 VII       11d       X         14       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 X       11d       X         15       Did the organization report an amount for other labilities 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 X       11d       X         16       Did the organization orbita separate, independent audited financial statements for t	8				x
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?     9     X       10     Did the organization, directly or through a related organization, hold assets in donor-restricted endowments     10     X       11     If the organization, directly or through a related organization, shold assets in donor-restricted endowments?     10     X       11     If the organization report an anount for land, buildings, and equipment in Part X, line 10? // 'Yes," complete Schedule D, Part VI     11     X       12     Did the organization report an amount for investments - other securities in Part X, line 10? // 'Yes," complete Schedule D, Part VI     11     X       13     Did the organization report an amount for investments - order securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes," complete Schedule D, Part VII     11     11     X       14     Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes," complete Schedule D, Part X     116     X       11     Did the organization is parate, independent audited financial statements for the tax year?     11     X       12     Did the organization isolated in asset: schedule D, Part X     116     X       12     Did the organization isolated in ancial statements for the tax year?     11     X       13     X     114     X	٩	,	<b>o</b>		
# 'Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments       10         11       If the organization, directly or through a related organization, hold assets in donorrestricted endowments       10         11       If the organization sanswer to any of the following questions is 'Yes," then complete Schedule D, Part V, VI, VIII, VIII, X, or X, as applicable.       10       X         11       If the organization report an amount for investments - other securities in Part X, line 10? If 'Yes," complete Schedule D, Part VI       11a       X         11       Did the organization report an amount for investments - other securities 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 VII       11a       X         11       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 XIII       11d       X         11       Did the organization report an amount for other isabilities in Part X, line 25? If 'Yes," complete Schedule D, Part X       11d       X         12       Did the organization obtain separate, independent audited financial statements for the tax year?       11t       X         12       Did the organization and All       No       11m       X         13       <	Ŭ				
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization's answers to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,			9		х
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, X, or X, as applicable.       1         a)       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       X         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 VII       11c       X         c)       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 XIII       11d       X         c)       Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is abenity for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization in achool described in section 170(b)(1/k)(ii)? If "Yes," complete Schedule D, Part X       11d       X         12a       X       11d       X       11d       X         12a       X       11d       X       11d	10				
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, IX, or X, as applicable.       11       X         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "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? // "Yes," complete Schedule D, Part VI       11b       X         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? // "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other fashibilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X       11c       X         e Did the organization oblicates separate or consolidated financial statements for the tax year?       11d       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         13       Is the organization oblicated, independent audited financial statements for the tax year?       12a       X         14a       Did the organization nation and office, employees, or agents outside of the United States?       12a       X         14b       Did the organization mation a			10		Х
<ul> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>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</li> <li>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</li> <li>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 X</li> <li>in 10 the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X</li> <li>in 11 the X</li> <li>in 11 the X</li> <li>in 12 the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year?</li> <li>if "Yes," and If the organization answerd "No' to line 12a, then completing Schedule D, Part X and XII is optional</li> <li>is the organization answerd "No' to line 12a, then completing Schedule D, Part X and XI is optional</li> <li>is the organization answerd "No' to line 12a, then completing Schedule D, Part X and XI is optional</li> <li>is the organization answerd "No' to line 12a, then completing Schedule D, Part X and XI is optional</li> <li>is the organization answerd "No' to line 12a, then completing Schedule D, Part X and XI is optional</li> <li>is the organization answerd "No' to line 12a, then completing Schedule D, Part X and XI is optional</li> <li>is the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for origin individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>Did the organiza</li></ul>	11				
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       X         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 VII       11b       X         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 X       11c       X         e       Did the organization's separate complete Schedule D, Part X       11d       X         f       Did the organization's separate consolidated financial statements for the tax year include a footnet that addresses the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         12a       Did the organization answered "No' to line 12a, then completing Schedule D, Part X and XI is optional       12a       X         13       Is the organization a school described in section 170(b/1)(A)(ii)? If "Yes," complete Schedule E       11a       X         14a       X       11d       X       11d       X         15       Did the organization maintain an office, employees, or agents outside of the United States?       12a					
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? // "Yes," complete Schedule D, Part VII       11b       X         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? // "Yes," complete Schedule D, Part VII       11c       X         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? // "Yes," complete Schedule D, Part X       11c       X         e Did the organization seport an amount for other assets in Part X, line 25? // "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 included in consolidated, independent audited financial statements for the tax year?       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         14a       Did the organization as achool described in section 170(b/(1)/A)(iii)?       17 Yes," complete Schedule D, Part X and XI and XI is optional       13       X         14a       Did the organization answered "No" to line 12a, then completing Schedule D, Part X and XI and XI is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
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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? // *Yes, * complete Schedule D, Part VIII       11c       X         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? // *Yes, * complete Schedule D, Part IX       11d       X         e       Did the organization report an amount for other liabilities in Part X, line 25? // fryes, * 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 obtain separate, independent audited financial statements for the tax year?       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         13       is the organization maintain an office, employees, or agents outside of the United States?       12a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$10,000 forg grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? // *yes, * complete Schedule F, Parts I and IV       16       X         15       Did the organization report on Part IX, c	b				77
assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VIII       11c       X         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? /f "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11d       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization bial negoralization separate, independent audited financial statements for the tax year?       11d       X         12a Did the organization included in consolidated, independent audited financial statements for the tax year?       11d       X         b Was the organization included in oscolidated, independent audited financial statements for the tax year?       12b       X         13 Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         14       X       11d       X       14b       X       14b       X         15       Did the organization report on Part			11b		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 11d       X         e Did the organization report an amount for other labilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 11d       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnot that addresses the organization biability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 11t       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 11t       X         12a       X       12a       X       12a       X       12a       X         13       Is the organization a answerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report a total of more than \$15,000 of grants or other assistance to or for any foreign 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 II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for	С		110		x
Part X, line 16? /f "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? /f "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 is liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization accounced in answered "No" to line 12a, then completing Schedule D, Parts XI and XII       12a       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         14b       Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of garns or other assistance to or for any foreign individuals? /f "yes," complete Schedule G, Part I and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? /f "yes," complete Schedule G, Part I. See instructions       16 <th>d</th> <td></td> <td>110</td> <td></td> <td></td>	d		110		
e       Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X       11e       X         f       Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X       11t       X         f       Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization is clability for uncertain tax positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization is parate, independent audited financial statements for the tax year?       // "Yes," complete Schedule D, Part X and XII is optional       12a       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization nantain an office, employees, or agents outside of the United States?       13a       X         14a       Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         15       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? // "Yes," complete Schedule F, Parts II and IV       1	u		11d		x
f       Did the organization's separate or consolidated financial statements for the tax year include a foothote that addresses the organization batin separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 111       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>and If the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional</i> 12a       X         13       Is the organization a school described in section 170(b)(1/4)(lii)? <i>If</i> "Yes," <i>complete Schedule E</i> 13       X         14a       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 14b       X         14       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 16       X         18       Did the organization report more than \$15,000	е			Х	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Parts XI and XII       12a       X         13       Is the organization askwered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization askoered "No" to line 12a, then completing Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for for eign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for rorign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report nore than \$15,000 total of fundraising event gross income and contribut					
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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 aggregate 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 II and IV       16       X         17       Did the organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, 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 II			11f		Х
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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 foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       16       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19	12a				
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       X       17       X         17       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 II and IV       16       X         18       Did the organization report 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 of gross income from gaming activities on Part VIII, lines 9a? If "Yes,"		Schedule D, Parts XI and XII	12a	Х	
13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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 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 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       X         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 of gross income from gaming activities on Part VIII, lines 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
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b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       0					
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					<u>X</u>
			20b		
	21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
232003 12-13-22 Form <b>990</b> (2022)	232003			990	

4 2022.05010 EVERY MEAL

Form	990 (2022) Every Meal 80-091	9680	Р	age <b>4</b>
Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
U		24c		
-1	any tax-exempt bonds?	240 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1	<u> </u>
01		34		x
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
U U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
30		26		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 23
37		07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	0	x	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
1 0	Chaoli if Cahadula O containe a reanance ar note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	N.	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2	Yes	No
		2		
b		4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

232004 12-13-22

5 2022.05010 EVERY MEAL Form **990** (2022)

Form	990 (2022) Every Meal 80-0919	680	P	<sub>age</sub> 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 52									
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v						
_	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	_		v						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>X</u>						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v						
	to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			v						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X						
t	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 required?	7g								
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	•								
0	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a								
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b								
10	Section 501(c)(7) organizations. Enter:	30								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>									
11	Section 501(c)(12) organizations. Enter:	1								
a	Gross income from members or shareholders 11a									
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1								
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1								
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand	1								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		Х						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									
232005	12-13-22	Form	9 <b>90</b>	(2022)						

1	2451	227	759492	47883
-	2777		1 3 3 4 3 4	-1005

_	990 (2022) Every Meal	80-091			age
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t		a "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C				<b>—</b>
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		2
Sec	tion A. Governing Body and Management				
10	Enter the number of voting members of the governing body at the and of the tax year	1a   1	6	Yes	
Ia	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		4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		4		
2			2		2
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th	e direct supervision			
5			3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 9				
- 5	Did the organization become aware during the year of a significant diversion of the organization's as				2
6	Did the organization become aware during the year of a significant diversion of the organization s as		6		ž
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				1
1 a	more members of the governing body?		7a		2
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		10		
5	persons other than the governing body?		7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		15		
a	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
-	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>		9		2
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code )			
				Yes	N
10a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," describe			
	on Schedule O how this was done		12c	Х	L
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		2
	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 arrange	ment with a			
	taxable entity during the year?		16a		2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c)(3	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finan	cial	
••	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records			
	<u>Rob Williams - 612-568-4003</u> 2723 Patton Road, Roseville, MN 55113				
0.05 -	· · ·		Earr	1 <b>990</b>	(00
32000	5 12-13-22 <b>7</b>		FOLU	1990	(20
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				/	

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• 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.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	id a d	Irecto	r/trus <sup>:</sup>	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	ltiona		nploy	st cor	1	1000 (120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			o.gam_anono
(1) Rob Williams	50.00		_							
President & Founder		X		Х				165,116.	Ο.	11,897.
(2) Nate Youngblood	50.00									
Vice President		1				X		130,835.	Ο.	10,992.
(3) Lindsey Torkilsen	50.00									
Director of Programs		1				X		109,887.	Ο.	5,554.
(4) Bob Peterson	1.00									
Chair		Х		Х				0.	0.	0.
(5) Jenna Soule	1.00									
Vice-Chair		Х		Х				0.	0.	0.
(6) Ranjit Ahluwalia	1.00									
Treasurer		Х		Х				0.	0.	0.
(7) Rachel Riensche	1.00									
Secretary		Х		Х				0.	0.	0.
(8) Brandon Jones	1.00									
Board Member		Х						0.	0.	0.
(9) Helene Clark	1.00									
Board Member		Х						0.	0.	0.
(10) Ryan Beach	1.00									
Board Member		Х						0.	0.	0.
(11) Scott Tonneson	1.00									
Board Member		Х						0.	0.	0.
(12) Irfan Chaudhry	1.00									
Board Member		Х						0.	0.	0.
(13) Woody Kingman	1.00									
Board Member		Х						0.	0.	0.
(14) Christina Gonzalez	1.00									
Board Member		Х						0.	0.	0.
(15) Jo Saxton	1.00									
Board Member		Х						0.	0.	0.
(16) Stephaniel Bach	1.00									_
Board Member		Х						0.	0.	0.
(17) Latanay Daniels	1.00									
Board Member		Х						0.	0.	0.
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Form 990 (2022)

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	990 (2022) Every Mea									80-091	9680 Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, ,	
	(A) Name and title	(B) Average hours per week	verage Position (do not check more th box, unless person is to officer and a director/t					an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18)	Bob Thomas	1.00									
Boar	d Member		X						0.	0	. 0.
С	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							405,838. 0. 405,838.	0 0 0	. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	4
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for se	uch individual								-	Yes No 3 X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? <i>If</i> "Yes, ccrue compen	" co satio	<i>mple</i> on fr	ete S om	Sche any	edule unre	<i>J f</i> elate	or such individual	dual for services	4 X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or su	ich į	oers	on .				5 X
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	sation from
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	<b>(C)</b> Compensation
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	l to f	thos C		ted	above) who received mo	ore than	Form <b>990</b> (2022)

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	t VIII			<u>Meal</u>					80-0919	680 Pag
							, in this Davit VIII			Г
		Check if Schedule O	Jonta	ins a resp	onse	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - {
ţ	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues								
mo	с	Fundraising events								
ar A		B I I I I I I								
nile		Government grants (contr								
ŝ		All other contributions, gifts,								
her		similar amounts not included				9,712,115.				
ō	a	Noncash contributions included in			\$	878,687.				
pue	9 h			· · · · · · · · · · · · · · · · · · ·	14	,	9,712,115.			
						Business Code	- / / · ·			
	2 a	Other Revenue				900099	468,052.	468,052.		
Revenue	z a b	Food Income				900099	275,190.	275,190.		
ue	D O	Merchandise Income				900099	2,146.	2,146.		
ven	C J	Shipping and Handlin	20			900099	1,938.	1,938.		
Be	d		.ig			500055	1,550.	1,550.		
, 	e									
	f	All other program service					E4E 20C			
_		Total. Add lines 2a-2f					747,326.			
	3	Investment income (includ	ding d	lividends,	intere	est, and				
						····· -	22,538.			22,5
	4	Income from investment of	of tax-	exempt b	ond p	roceeds				
	5	Royalties	·····							
				(i) Re	al	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss)	) <u></u>							
	7 a	Gross amount from sales of		(i) Secu	rities	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
B		and sales expenses	7b							
D	с	Gain or (loss)	7c							
anliavau		Net gain or (loss)								
D		Gross income from fundraisi								
5		including \$	-	-						
		contributions reported on								
		Part IV, line 18		-	8a					
	b	Less: direct expenses								
		Net income or (loss) from								
		Gross income from gamin		Ũ						
	-	Part IV, line 19								
	h	Less: direct expenses								
		Net income or (loss) from								
		Gross sales of inventory, less returns and allowances10a								
	h	Less: cost of goods sold								
		Net income or (loss) from			· · · · · · · · · · · · · · · · · · ·					
+	U		54165	STILVEIL	Jiy	Business Code				
	11 a									
~										
ň	b					<b>├</b> ──── <b>├</b>				<u> </u>
venue	-					1				
Revenue	C d									
Revenue	d	All other revenue Total. Add lines 11a-11d								

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Form **990** (2022)

12,			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,722,866.	2,722,866.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	170 550		17 055	107 720
	trustees, and key employees	179,550.	53,865.	17,955.	107,730.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 578 020	E71 410	241 007	1 665 600
7	Other salaries and wages	2,578,939.	571,412.	341,907.	1,665,620.
8	Pension plan accruals and contributions (include	06 662	25 000	0 666	E1 000
-	section 401(k) and 403(b) employer contributions)	86,663. 212,205.	<u>25,999</u> . 177,261.	<u>8,666</u> . 33,373.	51,998.
9	Other employee benefits	212,205.	131,664.		<u>1,571.</u> 51,007.
10	Payroll taxes	410,/11•	,004.	28,040.	51,007.
11	Fees for services (nonemployees):				
		43,600.		43,600.	
	Accounting	45,000.		45,000.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	206,643.	30,705.	55,771.	120,167.
12	Advertising and promotion	19,052.			19,052.
13	Office expenses	63,261.	22,336.	7,839.	33,086.
14	Information technology	89,057.	44,460.	35,705.	8,892.
15	Royalties				
16	Occupancy	463,683.	430,481.	17,056.	16,146.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,388.	613.	2,950.	825.
20	Interest	11,590.	5,603.	5,987.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	255,468.	255,468.		
23	Insurance	9,216.		9,216.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Miscellaneous	320,429.	159,127.	76,012.	85,290.
b	Transportation	82,224.	79,755.	247.	2,222.
с	Staff training	48,298.	19,871.	21,015.	7,412.
d	Bank fees	35,251.		35,251.	
е	All other expenses	12,417.	10,792.	1,190.	435.
25	Total functional expenses. Add lines 1 through 24e	7,655,511.	4,742,278.	741,780.	2,171,453.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
232010	) 12-13-22	1 1			Form <b>990</b> (2022)

# Form 990 (2022)

Every Meal Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

(A) Total expenses

(B) Program service expenses

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

**(D)** Fundraising expenses

(C) Management and general expenses

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Iu							
		Check if Schedule O contains a response or note	e to any	line in this Part X		. <u></u> .	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
		<b>A</b>			412,768.		
	1			····· -		1	1,822,195.
	2	Savings and temporary cash investments			301,165.	2	867,947.
	3	Pledges and grants receivable, net			126,159.	3	1,530,543.
	4	Accounts receivable, net	120,159.	4	60,273.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst				_	
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
ets	7	Notes and loans receivable, net			1 200 600	7	1 000 005
Assets	8	Inventories for sale or use			1,388,690.	8	1,080,205.
٩	9			·····	39,104.	9	286,796.
	10a	Land, buildings, and equipment: cost or other		1 100 007			
		basis. Complete Part VI of Schedule D		1,128,837.			206 741
		Less: accumulated depreciation		802,096.	722,552.	10c	326,741.
	11	Investments - publicly traded securities			F01 074	11	
	12	Investments - other securities. See Part IV, line 1		501,874.	12	255,564.	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		0 7 6 2	14		
	15				8,763.	15	503,819.
	16	Total assets. Add lines 1 through 15 (must equa			3,501,075.	16	6,734,083.
	17	Accounts payable and accrued expenses			75,294.	17	214,911.
	18	Grants payable		A1 A1C	18	170	
	19	Deferred revenue			41,416.	19	179.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	209,518.		E17 670
		of Schedule D		····· -			517,678.
	26	Total liabilities. Add lines 17 through 25		• X	326,228.	26	732,768.
ŷ		Organizations that follow FASB ASC 958, che	ck here				
-JCe		and complete lines 27, 28, 32, and 33.			2 200 202		2 200 709
alaı	27			·····  -	<u>2,390,292</u> . 784,555.	27	2,299,798. 3,701,517.
а В	28			·····	704,555.	28	5,701,517.
Ğ		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ъ		and complete lines 29 through 33.					
ţs (	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			3 17/ 0/7	31	6 001 21F
ž	32	Total net assets or fund balances			3,174,847. 3,501,075.	32	6,001,315.
	33	Total liabilities and net assets/fund balances			3,301,0/3.	33	6,734,083.

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet Every Meal

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total expenses (must equal Part VIII, column (A), line 25)       2       7,655,511.         2       7,655,511.       3       2,826,468.         4       3,174,847.       5         5       6       7         6       7       10,481,979.         5       5       6         6       7       4       3,174,847.         5       6       6       7         7       8       6       7         8       9       0.       6         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       4       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       Ves         11       Accounting method used to prepare the form 990:       Cash X Accrual       Other       2a       X         14       Accoun	Form	n 990 (2022) Every Meal	80-	0919680	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       10,481,979.         2       Total expenses (must equal Part IX, column (A), line 25)       2       7,655,511.         3       Revenue less expenses. Subtract line 2 from line 1       3       2,826,468.         4       Wet assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       5       6         5       Donated services and use of facilities       6       6         7       7       7       7         8       Poiro period adjustments       6       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       7, 655, 511.         3       Revenue less expenses. Subtract line 2 from line 1       3       2, 826, 468.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3, 174, 847.         5       Donated services and use of facilities       6       7         7       8       6       7         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       6, 001, 315.          Check if Schedule O contains a response or note to any line in this Part XII       X       X          Check if Schedule 0 contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       7, 655, 511.         3       Revenue less expenses. Subtract line 2 from line 1       3       2, 826, 468.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3, 174, 847.         5       Donated services and use of facilities       6       7         7       8       6       7         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       6, 001, 315.          Check if Schedule O contains a response or note to any line in this Part XII       X       X          Check if Schedule 0 contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other						
3       Revenue less expenses. Subtract line 2 from line 1       3       2,826,468.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,174,847.         5       6       6       7         6       7       7       8         7       8       7       8         8       9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       6       0.01, 315.         Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       6,001,315.       6       0.01,315.       10       6,001,315.         Part XIII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Za       X         11       Yes, 'check a box below to indicate whether the financial stateme	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,174,847.         5       Net unrealized gains (losses) on investments       6         6       6       7         7       8       9         9       0.       9         9       0.       9         10       Net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       6, 001, 315.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X         1       Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Yes       No         1       Separate basis, consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       Za       X         1       ft "Yes," to lice 2a or 2b, does the organization stancial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       Za       X         1       ft "Yes," t	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5         6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       6, 001, 315.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       6, 001, 315.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Yees, 'ncheck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X       X         1       If "Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       X         1       If "Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,174	1,8	<u>47.</u>
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 6,001,315.   Part XII Financial Statements and Reporting X   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis b Were the organization is financial statements and selection of an independent accountant? If "Yes," to line 2a or 2b, does the organization nequired to undergo an audit or audits, as set forth in the Uniform Guidance, 2 C. F.R. Part 200, Subpart F? J fi "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule 0 and describe any steps taken to undergo such audits	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 6,001,315.   Part XII Financial Statements and Reporting X   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis b Were the organization is financial statements and selection of an independent accountant? If "Yes," to line 2a or 2b, does the organization nequired to undergo an audit or audits, as set forth in the Uniform Guidance, 2 C. F.R. Part 200, Subpart F? J fi "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule 0 and describe any steps taken to undergo such audits	6	Donated services and use of facilities	6			
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       6,001,315.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       Za       X         b       Were the organization's financial statements and lede by an independent accountant?       Zb       X       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       Cb       X       Zb       X         If "Yes," check a box below to indicate whe	7		7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       6,001,315.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <t< th=""><th>8</th><th></th><th>8</th><th></th><th></th><th></th></t<>	8		8			
column (B)       10       6,001,315.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis.       Doth consolidated and separate basis         b       Were the organization's financial statements and independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       Consolidated basis.       Doth consolidated and separate basis         b       Were the organization's financial statements and selection of an independent accountant?       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         b       I	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection or an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedu	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Z       Yes       No         2a       X       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2c       X         If "Yes," to line 2a or 2b, does the org		column (B))	10	6,001	L,3:	15.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the prepare to the		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
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2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, exp	1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       4       4         c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       4       4         3a       X       5       b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       4		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparize the comparization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Image: Consolidated basis       Consolidated basis <t< th=""><th></th><th>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate</th><th>basis,</th><th></th><th></th><th></th></t<>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant?          If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		X Separate basis Consolidated basis Both consolidated and separate basis				
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3a 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?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O			
b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audi	it		
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	Ĺ

Form **990** (2022)

(Form 990)

# **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.

OMB No. 1545-0047
2022
Open to Public Inspection

		of the Treasury nue Service			Attach to Form 990 or Fo /Form990 for instruction			ormation.		Open to Public Inspection
Nam	ne of t	the organizati							Employer	identification numbe
			Ever	y Meal					8	0-0919680
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructior	is.	
The	organ	ization is not a	a private found	ation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or association	on of churches described	l in <b>sectio</b>	on 170(b)( <sup>.</sup>	1)(A)(i).		
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990).)				
3		A hospital or	a cooperative	hospital service org	anization described in s	ection 170	)(b)(1)(A)(i	ii).		
4		A medical res	search organiz	ation operated in co	onjunction with a hospital	described	l in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat								
5		-	-		ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
				Complete Part II.)						
6			· -	-	mental unit described in					
7	X				antial part of its support f	rom a gove	ernmental	unit or from t	ne general	public described in
-				omplete Part II.)						
8				• •	)(1)(A)(vi). (Complete Par	,				
9					l in section 170(b)(1)(A)(					
		-	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or
40		university:	on that narma	Illy receives (1) more	than 22 1/20/ of its sum	art from a	ontribution	a mambarak	in face on	d areas ressints from
10		•		•	than 33 1/3% of its supp ct to certain exceptions; ;				•	•
										-
				mplete Part III.)	e (less section 511 tax) fro		ses acqui	red by the or	Jan 12 ation a	aiter Julie 30, 1975.
11				-	sively to test for public sa	fatu Saa	section 5(	<b>10</b> (a)(4)		
12	H	-	-	-	sively for the benefit of, to	•			urry out the	nurnoses of one or
12					ed in section 509(a)(1)					
					of supporting organization					
а		-			supervised, or controlled					aivina
				-	egularly appoint or elect a	• • • •	-		••••••	
			-	complete Part IV, S		indjointy c				apporting
b		-			d or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hay	vina
	-			-	anization vested in the s			-		-
			•		, Sections A and C.	•			• • •	
с		-			ng organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
			-		s). You must complete				, ,	
d		-			porting organization oper				rted organiz	zation(s)
		that is not i	functionally int	egrated. The organi	zation generally must sat	isfy a distr	ibution red	quirement and	d an attentiv	veness
					mplete Part IV, Sections					
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	Type III non-functio	onally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported c	organizations						
g				about the support						1
	(	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the organized in your govern	anization listed ing document?	(v) Amount o		(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	istructions)	support (see instructions
Tota	l I									

Schedule A	(Form 990	) 2022
Juncaule A	0000	1 2022

Every Meal

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.)

260	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2422180.	7257047.	5769599.	6198378.	9712115.	31359319.	
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	2422180.	7257047.	5769599.	6198378.	9712115.	31359319.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						3277914.	
	Public support. Subtract line 5 from line 4.						28081405.	
Sec	ction B. Total Support			I	1	1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	2422180.	7257047.	5769599.	6198378.	9712115.	31359319.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources $\dots$	107.	329.	142.	3,034.	22,538.	26,150.	
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.)	6,265.	15,015.	39,841.		1,502.		
	Total support. Add lines 7 through 10						31448092.	
	Gross receipts from related activities,		,			12	949,124.	
13	First 5 years. If the Form 990 is for the	0						
0.0	organization, check this box and stop							
	ction C. Computation of Publi						00.00	
	Public support percentage for 2022 (I		•			14	89.29 %	
	Public support percentage from 2021					15	88.91 %	
16a	<b>33 1/3% support test - 2022.</b> If the c						37	
	stop here. The organization qualifies		-					
b	<b>33 1/3% support test - 2021.</b> If the c	-						
	and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization							
	meets the facts and circumstances test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
40	-		-				······	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 160, 17a, or 17b	, check this box a		S	
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support		-					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total	
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,	
Sec	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%	
	Public support percentage from 2021					16	%	
17				ine 13 column (f))		17	%	
	Investment income percentage from					18	%	
18 19a	<b>33 1/3% support tests - 2022.</b> If the							
198	more than 33 1/3%, check this box an							
L	<b>33 1/3% support tests - 2021.</b> If the							
D.								
20	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
		T did Hot Check a	50X 011 III e 14, 19	a, UL 190, CHECK I	THE DUX AND SEE INS		dule A (Form 990) 2022	
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1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

## Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

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	rt IV Supporting Organizations (continued)			.900
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	rs, ed		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		

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

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Tes	st during the vea	r (see instructions).

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization is the	parent of each of its suppo	orted organizations. C	Complete line 3 below.
---	--	-------------------------	-----------------------------	------------------------	------------------------

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

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

3

2a

2b

За

Yes No

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 ( <i>explain in</i> I	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must				
Sect	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)				
1	Net short-term capital gain	1			
_2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				

Schedule A (Form 990) 2022

instructions).

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Schedule A (Form 990) 2022

1	Amounts paid to supported organizations to accomplish exer		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	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Every Meal

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990) 2022

Section D - Distributions

Schedule A (Form 990) 2022

Current Year

Schedule A	(Form 990) 2022	Every Meal		80-0919680 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lir	nation. Provide the explanation 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c nes 2 and 3; Part IV, Section E, lir	s required by Part II, line 10; Part II, line 17a c ;, 11a, 11b, and 11c; Part IV, Section B, lines nes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part , and 6. Also complete this part for any addition	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
232028 12-09-2	2			Schedule A (Form 990) 2022
			21	· · ·

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# Schedule of Contributors

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

2022

ber

(Form	990)	

Department of the Treasury Internal Revenue Service

Schedule B

Name of the organization	n	Employer identification num
	Every Meal	80-0919680
Organization type (cheo	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule E Name of or	3 (Form 990) (2022)	Emple	Page <b>2</b> pyer identification number
	-		
Every		•	0-0919680
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$17,226.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$199,623.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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	B (Form 990) (2022)			Page 3
Name of o	rganization		Employ	yer identification number
Every	Meal		80	-0919680
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
2	Food			
		\$217,2	26.	12/02/02
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		

12451227 759492 47883

Schedule B (Form 990) (2022)

Name of o	organization		Employer identification number		
Every	Meal		80-0919680		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
·		(e) Transfer of gift			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
·	(e) Transfer of gift				
·	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
·	(e) Transfer of gift				
	Transferee's name, address, a	Transferee's name, address, and ZIP + 4 Rel			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, a	Transferee's name, address, and ZIP + 4 Re			
223454 11-15	5-22		Schedule B (Form 990) (2022		

## 12451227 759492 47883

26 2022.05010 EVERY MEAL

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 4 Ĺ Open to Public Inspection

	nent of the Treasury Revenue Service		ttach to Form 990. 0 for instructions and the late	est information.		Open to Inspect	o Public tion
	e of the organizati	ion				r identificatio	
Par		Every Meal ations Maintaining Donor Advise	d Eunde or Othor Simila	r Eunde or Ao		<u>30-0919</u>	
Far		on answered "Yes" on Form 990, Part IV, lin		I Funds of AC	counts.	Complete if t	ine
	organizatio		(a) Donor advised fund			nd other acco	unte
	<b>-</b>		(a) Donor advised func		<b>oj</b> Funus al		
		nd of year					
		of contributions to (during year)					
		of grants from (during year)					
		at end of year on inform all donors and donor advisors in v	writing that the accete hold in a	lanar advised fund	•		
		on's property, subject to the organization's				Yes	No
		on inform all grantees, donors, and donor a					
		poses and not for the benefit of the donor o					
	impermissible priv				•	Yes	No
Par		vation Easements. Complete if the org					
		servation easements held by the organization					
•		n of land for public use (for example, recrea	· · · · · ·	servation of a histo	rically impo	ortant land are	a
		of natural habitat	·	servation of a certif			
		n of open space				0	
2		through 2d if the organization held a qualit	ied conservation contribution i	n the form of a cor	servation e	easement on t	he last
	day of the tax yea					l at the End of t	
а	Total number of c	onservation easements			2a		
					2b		
	•	rvation easements on a certified historic structure			2c		
		rvation easements included in (c) acquired a					
			• • •		2d		
3	Number of conser	vation easements modified, transferred, rel			zation durir	ig the tax	
	year					-	
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, inspection, h	andling of			
	violations, and ent	forcement of the conservation easements it	holds?			Yes	No No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enfo	orcing conservation	n easemen	ts during the y	/ear
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing	g conservation eas	ements du	ring the year	
8	Does each conser	rvation easement reported on line 2(d) abov	e satisfy the requirements of se	ection 170(h)(4)(B)(	i)		
	and section 170(h	n)(4)(B)(ii)?				Yes	No No
9	In Part XIII, descri	be how the organization reports conservation	on easements in its revenue an	d expense statem	ent and		
	balance sheet, an	d include, if applicable, the text of the footr	ote to the organization's financ	cial statements that	t describes	s the	
Dav	organization's acc	counting for conservation easements.	Art Illatoria al Tracarra				
Par		ations Maintaining Collections of		es, or Other S	milar As	sets.	
		if the organization answered "Yes" on Form					
1a	•	elected, as permitted under FASB ASC 95	•				
		easures, or other similar assets held for put			ce of public	0	
	<i>,</i> 1	Part XIII the text of the footnote to its finar					
	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public	exhibition, education, or resea	arch in furtherance	of public s	ervice,	
	-	ing amounts relating to these items:			*		
		uded on Form 990, Part VIII, line 1					
		ed in Form 990, Part X					
	•	received or held works of art, historical tre			orovide		
	-	unts required to be reported under FASB A	-		*		
		I on Form 990, Part VIII, line 1					
		n Form 990, Part X					- 000\ 0000
	-	eduction Act Notice, see the Instructions	5 TOF FORM 990.		Sch	edule D (Forn	n 990) 2022
232051	09-01-22						

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2022.05010	EVERY	MEAL

Sche	dule D (Form 990) 2022 Every M							80-09	1968	0 р	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Othe	r Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	ollowing that	make s	ignificant (	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	1 🗌 L	oan or exc	hange progra	ım					
b	Scholarly research	e	• 🗌 c	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how the	y further th	ie organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hist	orical treas	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the o	organizatio	n answered "	Yes" on	Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi		•						-	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance								7		
	Did the organization include an amount on Fo						ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	rt V Endowment Funds. Complete i				,			vooro book	(a) Equ	r vooro	book
		(a) Current year	(D) Pr	ior year	(c) Two year	S DACK	(a) mee	/ears back	(e) rou	i years	DACK
1a	Beginning of year balance										
d	Contributions										
C	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
T	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•		column (a)	) neid as:						
a L	Board designated or quasi-endowment	%	_%								
d o	Permanent endowment	% %									
C	Term endowment The percentages on lines 2a, 2b, and 2c sho										
30			tion that	aro hold ar	d administor	od for th					
Ja	Are there endowment funds not in the posse organization by:	ssion of the organiza	allon linal	are neiù ai			IC			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the								_00		
Par	rt VI Land, Buildings, and Equipm		which is	140.							
	Complete if the organization answered		), Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o			or other		ccumulate	-d	(d) Boo	k valu	۵
	Becomption of property	basis (investr		. ,	(other)	• •	preciation		(4) 000	vaiu	-
1a	Land				. ,						
b	Buildings										
	Leasehold improvements										
d	Equipment			1.12	8,837.		802,0	96.	32	6,7	41.
	Other				. ,						
	I. Add lines 1a through 1e. (Column (d) must e		X colum	) (R) line 1	) () ()				32	6,7	41.
		quari onn 330, Fall.		ו שווו ,ען י				0.h	<u> </u>	. , .	

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 Every Meal		80	-0919680 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) Security Deposits			8,763.
(2) Right of Use asset			495,056.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990 Part X col (B) line	e 15.)		503,819.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Capital lease obligations	358,949.
(3) Operating lease obligations	158,729.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	517,678.

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 Every Meal			80-	0919680	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	10,494,	631.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	12,652.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	12,	<u>,652.</u>
3	Subtract line 2e from line 1			3	10,481,	<u>,979.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,481,	,979.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per l	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			-		
1	Total expenses and losses per audited financial statements			1	7,668,	163.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	12,652.	_		
b	Prior year adjustments	2b		_		
С	Other losses	2c		_		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	12,	652.
-						052.
3				3	7,655,	511.
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	7,655,	511.
	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	7,655,	511.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		3	7,655,	511.
4 a	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		3 4c	7,655,	<u>511.</u> 0.
4 a b c 5	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			7,655,	<u>511.</u> 0.

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

232054 09-01-22

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB N	o. 1545-0047		
(Form 990)	Go	vernments, an ete if the organization	d Individua	ls in the Úni	ted States		21	<b>)22</b>		
Department of the Treasury	Compl	ele il the organization	Attach to Forn		1 1 <b>1 v</b> , iii e z 1 0i zz.			to Public		
Internal Revenue Service		Go to www.irs	.gov/Form990 for		ation.			pection		
Name of the organization			-				Employer identifica	tion number		
Every Mea							80-0	919680		
Part I General Information on Grants and Assistance										
<b>1</b> Does the organization maintain records								<b>T7</b>		
<ul><li>criteria used to award the grants or assis</li><li>2 Describe in Part IV the organization's pro</li></ul>							Yes	X No		
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to recipient that received more than 3	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any			
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assista			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Every Meal

80-0919680

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					Every Meal supports local
					children by filling the food
					gaps children face during
Food Assistance	423653	0.	2,722,866.	FMV	weekends, summers, and
Dort IV Supplemental Information Dravide the information re	nuired in Dort I lin			Jeliti e e el infermenti e e	•

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(f) Description of Non-cash Assistance: Every Meal supports local

children by filling the food gaps children face during weekends, summers,

and extended breaks when they are not in school to access the meal

programs. 1,692,266 meals were available free to children at over 500

locations this fiscal year.

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	<b>_</b> _	-
Depar	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization	_	Employer id			mber
Do	rt I Question	Every Meal s Regarding Compensation	80-0	91968	0	
Fd		s Regarding Compensation			M.	
4-	Charly the energy	ate hav(as) if the averagization avayided any of the following to avfew a nerson listed on Form	000		Yes	No
<b>1</b> a		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account				
			, 0.1.01)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	n committee Written employment contract				
	Independent of	compensation consultant X Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				
а		e payment or change-of-control payment?				X
b	-	eive payment from a supplemental nonqualified retirement plan?				X
С	•	eive payment from an equity-based compensation arrangement?		<b>4c</b>		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only contion E01/a	$\lambda(2)$ 501(c)(4) and 501(c)(20) argumentations must complete lines 5.0				
5		; <b>)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b> on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
5	contingent on the r		"1			
я	•			5a		x
b	Any related organiz	ation?				X
~		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
•	contingent on the r					
а		~ 		6a		X
	Any related organiz					X
	, 0	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990	) 2022

232111 10-18-22

#### 80-0919680

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

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

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

		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> 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) Rob Williams	(i)	156,431.	7,725.	960.	6,257.	5,640.	177,013.	0.	
President & Founder	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) Nate Youngblood	(i)	130,235.	0.	600.	5,209.	5,783.	141,827.	0.	
Vice President	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) Lindsey Torkilsen	(i)	109,287.	0.	600.	4,251.	1,303.	115,441.	0.	
Director of Programs	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection Employer identification number

80-0919680

ΖU

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Name of the organization

### Every Meal

Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	104	620,631.	Fair value			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( <u>Cloud based sof</u> )	X	1		Fair value			
26	Other (Other Donated G)	X	49		Fair value			
27	Other (Supplies and eq)	X	2	9,053.	Fair value			
28	Other ( )							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
<u> </u>				ente d'a David I lla ca d'aleman			Yes	No
JUa	During the year, did the organization receive by		•••••					
	must hold for at least 3 years from the date of the		-	·		20-		x
Ŀ	exempt purposes for the entire holding period?	(				30a		
	If "Yes," describe the arrangement in Part II.	noliov that	quiros the review	of any populardard contribu	tions?	24	x	
31	Does the organization have a gift acceptance p					31	^	
32d	Does the organization hire or use third parties of contributions?	or related of	yanizations to soll	on, process, or sell noncash		32a		x
						∣JZa	. !	, <u>4</u> 2

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2022

232141 09-09-22

LHA

**b** If "Yes," describe in Part II.

describe in Part II

	M (Form 990) 2022	Every 1	
Part II	Supplemental	Informatio	Dn. Prov

80-0919680 Page 2

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

232142 09-09-22	Schedule M (Form 990) 2022

12451227 759492 47883

Form <b>8</b>	879-TE		IF		nature Au «Exempt	ithoriza Entity	tion	ŀ	OMB No. 1545-0047
		For calendar yea	ar 2022, o	r fiscal year beginning				, 20 <u>23</u>	2022
	nt of the Treasury		-	Do not send to th					LULL
Internal Re Name of	evenue Service		G	o to www.irs.gov/For	m8879TE for the	e latest inforn	nation.	EIN or SSN	
Name of	Every	Meal							19680
Name an	d title of officer or pe		av i	Jenna Soule				00-09	19000
Name an		13011 300,001 10 1		Chair					
Part	Type of	Return and		rn Information					
Form 53 or <b>10a</b> b whichev	330 filers may ente below, and the am	r dollars and co ount on that lin lank (do not en	ents. Fo le for th ter -0-).	e return being filed wit But, if you entered -0-	r whole dollars or th this form was b on the return, the	hly. If you cheo blank, then lea en enter -0- on	ck the box on ive line <b>1b, 2</b> k i the applicabl	line <b>1a, 2a, 3</b> 5, <b>3b, 4b, 5b,</b> e line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, Do not complete more
	Form 990 check h								њ1 <u>0,481,979.</u>
	Form 990-EZ che								2b
	Form 1120-POL			<b>b</b> Total tax (Form 11:					3b
	Form 990-PF che			b Tax based on inve					4b
	Form 8868 check			<b>b</b> Balance due (Form					5b
	Form 990-T chec			<b>b</b> Total tax (Form 99					6b
	Form 4720 check			<b>b</b> Total tax (Form 47:					7b
	Form 5227 check			b FMV of assets at e	-	-	em D)		8b
	Form 5330 check Form 8038-CP ch			<ul> <li>b Tax due (Form 533</li> <li>b Amount of credit p</li> </ul>				line 22)	9b 10b
Part				re Authorization					00
acknow of any re entry to financia later tha paymen persona <b>PIN: ch</b>	ledgement of rece efund. If applicable the financial instit l institution to deb an 2 business days at of taxes to receive	ipt or reason for a, I authorize th ution account i t the entry to t prior to the pa ve confidential nber (PIN) as n	or reject le U.S. Indicate his acc ayment informa	ctronic return originato ion of the transmission Treasury and its design ad in the tax preparatio ount. To revoke a payr (settlement) date. I als ition necessary to answ ature for the electronic	n, <b>(b)</b> the reason nated Financial A on software for pa ment, I must cont o authorize the fin wer inquiries and	for any delay gent to initiate ayment of the act the U.S. T nancial institu resolve issues	in processing e an electronic federal taxes of reasury Finan tions involved s related to the onsent to elec	the return or c funds withd owed on this cial Agent at in the proces e payment. I h tronic funds	refund, and <b>(c)</b> the date rawal (direct debit) return, and the 1-888-353-4537 no ssing of the electronic nave selected a withdrawal.
				ERO firm	name		t	o enter my P	Enter five numbers, but
Signature	with a state age on the return's o As an officer or return. If I have	ncy(ies) regula disclosure cons person subject indicated within rogram, I will e	ting cha sent scr to tax n this re nter my	electronically filed retu arities as part of the IR een. with respect to the eni sturn that a copy of the PIN on the return's d PHIS IS NOT	S Fed/State prog tity, I will enter my e return is being f isclosure consent	ıram, I also au y PIN as my s ïled with a sta t screen.	thorize the afo ignature on th ite agency(ies)	e tax year 20	ERO to enter my PIN 22 electronically filed
Part		ition and A						Duit	
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submitti				which is my signature quirements of <b>Pub. 41</b>					
ERO's sig	gnature					[	Date <u>12</u>	/27/23	
	or Privacy Act on		ot Sub	RO Must Retain T omit This Form to	the IRS Unle			So	Form <b>8879-TE</b> (2022)
	or Privacy Act and	a Paperwork F	ieuucti	on Act Notice, see in	su ucuoris.				
202521 12	2-16-22								

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
· File a	separate	application	tor eacr	n return.

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

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

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

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

Type or	Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)			
print	Every Meal					80-0919680	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See instructions.	City, town or post office, state, and ZIP code. For a for Roseville, MN 55113	oreign addi	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)				
Applicati	on	Return	Application			Return	
ls For		Code	Is For	Code			
Form 990	) or Form 990-EZ	01	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	)-T (trust other than above)	06	Form 8870			12	
Form 990	-T (corporation) Rob Williams	07					
● If this box ▶ 1 1 I re the ▶ 1	organization does not have an office or place of business         is for a Group Return, enter the organization's four digit	Group Exe and atta May anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>y 15, 2024</u> , to file return for: d ending <u>JUN 30, 2023</u>	f this is fo all memb	r the whole ers the extension opt organiza		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 / nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.	
b lfth	nis application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and				
estimated tax payments made. Include any prior year overpayment allowed as a credit.		3b	\$	0.			
c Ba	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						
usi	using EFTPS (Electronic Federal Tax Payment System). See instructions.		3c	\$	0.		
instructio	If you are going to make an electronic funds withdrawal ns. For Privacy Act and Paperwork Reduction Act Notice,			453-TE and		9-TE for payment 8868 (Rev. 1-2022)	

223841 04-01-22

SCHEDULE O (Form 990)



Every Meal

Form 990, Part III, Line 4a, Program Service Accomplishments:

programs. Through a network of over 791 partner organizations, Every

Meal provides thousands of children with the food they need to learn

and grow.

A differentiator of Every Meal is the quality of food provided. Over 99% of our food is purchased from over 23 local, national, and global vendors. Food items and brands are determined through guidance from on-staff registered dieticians who analyze nutritional contents and taste to ensure that the food is nutritious, delicious, and relevant.

Investing in technology and leveraging purchases at scale has allowed Every Meal to provide a greater variety of high-quality food while reducing costs. These efforts have resulted in a wider range of food options available to children including regionally specific beans, specialized grains and flours, and favorable vegetables and fruits for various cultural cooking needs. Regular taste testing, nutrition analysis, and feedback from families helps ensure children receive food that is nutritious, delicious, and culturally and situationally relevant.

Every Meal revamped distribution methodology to enhance school support post-COVID-19. Program staff proactively trained partners on new more effective processes, and utilized emails, calls, and visits to ensure smooth food delivery to children while monitoring inventory.

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
Every Meal	80-0919680
To combat inflation and supply chain disruptions, Every Me	al stabilized
<u></u>	

and streamlined inventory, purchasing, and demand forecasting. This

effort maintained consistent food costs while effectively addressing

the high demand in fall 2022.

Other innovative programs, like the Grow and Give program have <u>continued. Produce grown in Every Meal Garden was combined with produce</u> <u>donated by individuals and Grow and Give partner organizations to be</u> <u>distributed weekly to children in Minnesota throughout the summer</u> months.

Form 990, Part VI, Section A, line 1a:

Except for the power to amend the Articles of Incorporation and Bylaws, the Executive Committee shall have the power to transact all regular business of the Organization during the period between meetings of the Board of Directors, subject to any prior limitation or direction imposed by the Board of Directors.

Form 990, Part VI, Section B, line 11b: The 990 is reviewed by management and the Finance and Audit Committees and then is provided to all board members for approval prior to filing.

Form 990, Part VI, Section B, Line 12c:

The Organization monitored compliance with the conflict of interest policy

by reviewing, contemporaneously, all potential conflicts of interest at

governance meetings and staff daily activities and applying the policy to

address any actual conflicts of interest that are identified. As Section

6.2 of this policy states, staff conflicts of interest are disclosed to the 232212 10-28-22 Schedule O (Form 990) 2022 39

Schedule O (Form 990) 2022	Page <b>2</b>			
Name of the organization Every Meal	Employer identification number 80-0919680			
HVCI y Medi	00 0919000			
President, "(or if she or he is the one with the conflict,	then to the			
Board Chair), who shall bring the matter to the attention	of the Board.			
Disclosure involving directors should be made to the Board Chair, (or if				
she or he is the one with the conflict, then to the Board Treasurer) who				
shall bring these matters to the board. Section 6.3 continues "the board				
shall determine whether a conflict exists and in the case of an existing				
conflict, whether the contemplated transaction may be authorized as just,				
fair, and reasonable to Every Meal."				

As Section 2 of this policy states, this policy applies "not only to directors and officers, but to all employees who can influence the actions of Every Meal. For example, this would include all who make purchasing decisions, all persons who might be described as 'management personnel,' and anyone who has proprietary information concerning Every Meal." In practice, the policy applies to all members of the Board of Directors and typically applies to staff that are manager level and above.

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Restrictions imposed on a person with a conflict are identified in Section
6.1 - include fully disclosing the conflict of interest and is excluded
from the discussion and approval of such transaction.
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Form 990, Part VI, Section B, Line 15a:
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Salary data is obtained from the Minnesota Council of Nonprofits' Minnesota salary and benefits survey. Salary data is compared with averages based on both organization's size and sector. Data is then evaluated against salary quartiles while considering the President's experience. The last time this process was undertaken was July 2022.

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Schedule O (Form 990) 2022	Page 2
Name of the organization Every Meal	Employer identification number 80-0919680
HVCI y HCui	00 0919000

Form 990, Part VI, Section C, Line 19:

The Bylaws and Conflict of Interest policy are available upon request. The

financial statements and Articles of Incorporation are available on the

Organization's website or upon request.

Form 990, Part XII, Line 2c:

The process has not changed from the prior year.

232212 10-28-22