| | | | ** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From | | OMB No. 1545-0047 | | | | | |
|---|---------------------------|---------------------------------|--|--|------------------------------|--|--|--|--|--|
| F au | _ Q | 90 | . . | | 0000 | | | | | |
| For | m J | 30 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it may | | | | | | | |
| Depa | artment o | of the Treasury enue Service | Go to www.irs.gov/Form990 for instructions and the late | | Open to Public Inspection | | | | | |
| _ | | | | JUN 30, 2024 | inspection | | | | | |
| B Check if C Name of organization D Employer identification | | | | | | | | | | |
| applicable: | | | | | | | | | | |
| | Addre | ge Ever | y Meal | | | | | | | |
| | Name Chang | ge Doing b | usiness as | 80-0919680 |) | | | | | |
| | Initial return | suite E Telephone number | | | | | | | | |
| | Final return termir | 0_ | Patton Rd | 612-568-40 | | | | | | |
| _ | ated Amen | City or t | own, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 9,816,360. | | | | | |
| | return Applic | rose | ville, MN 55113 | H(a) Is this a group return | | | | | | |
| | tion pendi | | nd address of principal officer: Rob Williams as C above | for subordinates? | | | | | | |
| | Taxax | empt status: | | 527 H(b) Are all subordinates includ | | | | | | |
| | Websi | | X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or everymeal.org | 527 If "No," attach a list H(c) Group exemption n | | | | | | |
| | | | | Year of formation: 2013 M S | | | | | | |
| | art I | Summary | | | tato or logar dormono, === v | | | | | |
| | 1 | Briefly describ | e the organization's mission or most significant activities: ${\tt Every}$ Me | al's mission is | to fight | | | | | |
| Governance | | | unger through community and school par | | | | | | | |
| rnai | 2 | Check this bo | x if the organization discontinued its operations or disposed of n | nore than 25% of its net assets | S. | | | | | |
| | 3 | Number of vo | ting members of the governing body (Part VI, line 1a) | | 17 | | | | | |
| | | Number of inc | lependent voting members of the governing body (Part VI, line 1b) | | 16 | | | | | |
| es 6 | 5 | Total number | of individuals employed in calendar year 2023 (Part V, line 2a) | | 50 | | | | | |
| vitio | 6 | | of volunteers (estimate if necessary) | | 3069 | | | | | |
| Activities & | 7 a | | d business revenue from Part VIII, column (C), line 12 | | -150,793. | | | | | |
| _ | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | | 0. | | | | | |
| | | | | Prior Year 9,712,115. | Current Year 9,478,963. | | | | | |
| ne | 8 | | and grants (Part VIII, line 1h) | 747,326. | 199,360. | | | | | |
| Revenue | 9 | • | ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) | 22,538. | 45,918. | | | | | |
| Be | 10 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | -150,793. | | | | | |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 10,481,979. | 9,573,448. | | | | | |
| | | | nilar amounts paid (Part IX, column (A), lines 1-3) | 2,722,866. | 2,315,094. | | | | | |
| | | | to or for members (Part IX, column (A), line 4) | 0. | 0. | | | | | |
| ú | 45 | | compensation, employee benefits (Part IX, column (A), lines 5-10) | 3,268,068. | 2,878,935. | | | | | |
| Expenses | 16a | | undraising fees (Part IX, column (A), line 11e) | 0. | 90,054. | | | | | |
| Del | . b | Total fundrais | ing expenses (Part IX, column (D), line 25) 1,174,374. | | | | | | | |
| Û | 17 | Other expense | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,664,577. | 1,604,232. | | | | | |
| | | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | 7,655,511. | 6,888,315. | | | | | |
| | | Revenue less | expenses. Subtract line 18 from line 12 | 2,826,468. | 2,685,133. | | | | | |
| s or | | | | Beginning of Current Year | End of Year | | | | | |
| Net Assets or | 20 | Total assets (I | | 6,734,083. | 11,438,396. | | | | | |
| etA | 21 | | (Part X, line 26) | 732,768. | 2,751,948. | | | | | |
| | <u>22</u> art II | | fund balances. Subtract line 21 from line 20 | 0,001,313. | 8,686,448. | | | | | |
| | | - | I declare that I have examined this return, including accompanying schedules and sta | tements and to the hest of my kn | | | | | | |
| | - | | Declaration of preparer (other than officer) is based on all information of which prep | | טייוטעש מווע טכווכו, וג וא | | | | | |
| | , | | | | | | | | | |

| Sign | Signature of officer | | | | Date | | | | | | |
|------------|---|----------------------|----------------|----------|-------------------|------------------------|--|--|--|--|--|
| | Rob Williams, President | | | | | | | | | | |
| | 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 12/19 | /24 self-employed | P00552219 | | | | | |
| Preparer | Firm's name Abdo LLP | | | | Firm's EIN 41- | -1397419 | | | | | |
| Use Only | Firm's address 5201 Eden Ave, St | e 250 | | | | | | | | | |
| | Edina, MN 55436 | | | | Phone no.952. | 835.9090 | | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | |
| LHA For | Paperwork Reduction Act Notice, see the separ | rate instructions. | 332001 12-21-2 | 23 | | Form 990 (2023) | | | | | |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

| 1 | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | | |
| • | Briefly describe the organization's mission: | | | | | | | | |
| | Briefly describe the organization's mission: Every Meal's mission is to fight child hunger through community and | | | | | | | | |
| | school partnerships. | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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 | | | | | | | | | |
| | 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 13 million meals to thousands of | | | | | | | | |
| | children who are living in food 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 meals. | | | | | | | | |
| | when they are not in school to access means. | | | | | | | | |
| 46 | | | | | | | | | |
| 40 | (Code:) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | |
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| | | | | | | | | | |
| 4c | | | | | | | | | |
| 40 | (Code:) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | |
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| | | | | | | | | | |
| 4d | Other program services (Describe on Schedule O.) | | | | | | | | |
| 4d | Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | |
| 4d 4e | | | | | | | | | |
| | (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | |
| 4e | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 5,059,076. | | | | | | | | |
| 4e | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 5,059,076. Form 990 (202) | | | | | | | | |

| | 990 (2023) Every Meal 80-0919 | 680 | P | age 3 |
|----------|--|------------|-----|---------------|
| Pa | TIV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | 1 | х | |
| 2 | If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | <u> </u> | | |
| - | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | v |
| • | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | _X_ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 8 | | х |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | - ° | | |
| Ŭ | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | 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 | | | v |
| - | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u>X</u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11c | | х |
| Ь | assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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 | | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | <u>X</u> |
| 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? | <u>14a</u> | | 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 | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | <u> </u> | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | 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 | Х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | v |
| 00- | complete Schedule G, Part III | 19 | | <u>x</u> x |
| 20a b | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a 20b | | <u> </u> |
| ں 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| | domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I, Parts I and II</i> | 21 | | х |
| 332003 | 3 12-21-23 | | 990 | |

| Form | <u>990 (2023)</u> Every Meal 80-091 | <u>9680</u> | Р | age 4 |
|------|--|-------------|------------|--------------|
| Pa | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| b | 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 | | | |
| Ŭ | | 24c | | |
| d | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | | 24u | | |
| 258 | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 05- | | x |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| D | 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 | | | 77 |
| | 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 noncash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? 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 | | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete | | | |
| 02 | | 32 | | x |
| 33 | Schedule N, Part II | 52 | | |
| 33 | | 33 | | x |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | - 23 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 04 | | x |
| 05 - | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 0.5 | | |
| | 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? | | | 77 |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | _ _ | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | - | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 7 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 0 | | |
| с | | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

5 2023.05010 EVERY MEAL

Form **990** (2023)

Every Meal

| Form 990 (2023) Every Meal 80-0919680 | | | | | | | | | |
|---------------------------------------|--|----------|-----|----------|--|--|--|--|--|
| Par | 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 50 | | | | | | | | |
| | | 0 | х | | | | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b 3a | X | <u> </u> | | | | | |
| | | | | | | | | | |
| | If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | X | <u> </u> | | | | | |
| та | 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 | - TG | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X | | | | | |
| b | b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | |
| | to file Form 8282? | 7c | | X | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year7d | | | X | | | | | |
| е | | | | | | | | | |
| f | | | | | | | | | |
| g | | | | | | | | | |
| h | | | | | | | | | |
| 8 | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| - | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0 | | | | | | | |
| a ⊾ | Did the sponsoring organization make any taxable distributions under section 4966? | 9a 0h | | <u> </u> | | | | | |
| b 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| | Gross income from members or shareholders | | | | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| | organization is licensed to issue qualified health plans | | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | |
| 14a | | 14a | | X | | | | | |
| b | | 14b | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | 37 | | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 16 | | v | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | | | |
| 47 | 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 | 47 | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | |
| 200005 | If "Yes," complete Form 6069. | Form | 990 | (2023) | | | | | |
| 332005 | 12-21-23 | FUHI | 550 | (2023) | | | | | |

⁶ 2023.05010 EVERY MEAL

| Par | 990 (2023) Every Meal t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 | 80-091 | | | | | |
|------|--|-------------------------------|-----------|--------------|--|--|--|
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule 0 | | anoi | espoi | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | |
| Sect | ion A. Governing Body and Management | | <u></u> | | | | |
| | | | | Yes | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a 1 | 7 | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | |
| | Enter the number of voting members included on line 1a, above, who are independent | 1b 1 | 6 | | | | |
| | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi | | - | | | | |
| | officer, director, trustee, or key employee? | | 2 | | | | |
| | Did the organization delegate control over management duties customarily performed by or under th | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | • | 3 | | | | |
| | Did the organization make any significant changes to its governing documents since the prior Form | | | | | | |
| | Did the organization become aware during the year of a significant diversion of the organization's as | | | | | | |
| | Did the organization have members or stockholders? | | 6 | | | | |
| | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | | | | |
| | more members of the governing body? | | 7a | | | | |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | | 14 | | | | |
| | | | 7b | | | | |
| | persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye | | 10 | | | | |
| | | | 8a | x | | | |
| | The governing body? Each committee with authority to act on behalf of the governing body? | | | X | | | |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | | 00 | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | 9 | | | | |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal R | | | | | | |
| | The internal R | evenue Code.) | | Yes | | | |
| 102 | Did the organization have local chapters, branches, or affiliates? | | 10a | 163 | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such c | | 104 | | | | |
| | | | 10b | | | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing boo | ly before filing the form? | 11a | X | | | |
| | | | 11a | | | | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | 12a | x | | | |
| | Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> | | | X | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? If | | | - 23 | | | |
| | | , | 12c | x | | | |
| | on Schedule O how this was done | | | X | | | |
| | Did the organization have a written whistleblower policy? | | 13 | X | | | |
| | Did the organization have a written document retention and destruction policy? | | 14 | | | | |
| | Did the process for determining compensation of the following persons include a review and approv | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | 45- | x | | | |
| | The organization's CEO, Executive Director, or top management official | | | _ ^ | | | |
| | Other officers or key employees of the organization | | 15b | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | | 1.0 | | | | |
| | taxable entity during the year? | | 16a | | | | |
| | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga | | | | | | |
| | exempt status with respect to such arrangements? | | 16b | | | | |
| | ion C. Disclosure | | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed | | | | | | |
| | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | and 990-T (section 501(c)(| 3)s only) | availa | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| | | in on Schedule O) | | | | | |
| | Describe on Schedule O whether (and if so, how) the organization made its governing documents, c | onflict of interest policy, a | nd finan | cial | | | |
| | statements available to the public during the tax year. | | | | | | |
| | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | |
| | Rob Williams - 612-568-4003 | | | | | | |
| | 2723 Patton Road, Roseville, MN 55113 | | | | | | |
| | 2723 Patton Road, Roseville, MN 55113 | | | | | | |
| | 12-21-23 | | Forn | ז 990 | | | |

___1

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 | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box | , unles | ss per | rson i | s both | nan | compensation | compensation | amount of |
| | week | | cer an | id a d | irecto | r/trus I | tee) | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | or di | ee | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related organizations | ustee | trust | | ee | suadu | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | below | ual tr | tional | | voldr | st con | _ | 1099-NEC) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) Rob Williams | 50.00 | | | | × | 1 0 | ц | | | |
| President & Founder | | х | | x | | | | 149,667. | 0. | 6,547. |
| (2) Lindsey Torkilsen | 50.00 | | | | | | | | | |
| Vice President of Impact | | | | | | X | | 118,339. | Ο. | 22,491. |
| (3) Nathaniel Youngblood | 50.00 | | | | | | | | | |
| Vice President | | | | | | Х | | 109,208. | 0. | 6,000. |
| (4) Jenna Soule | 2.00 | | | | | | | | | |
| Chair | | Х | | Х | | | | 0. | 0. | 0. |
| (5) Bob Peterson | 1.00 | | | | | | | | | |
| Vice-Chair | | Х | | Х | | | | 0. | 0. | 0. |
| (6) Helene Clark | 1.00 | | | | | | | | | |
| Treasurer | | Х | | Х | | | | 0. | 0. | 0. |
| (7) Rachel Riensche | 1.00 | | | | | | | | | |
| Secretary | | Х | | Х | | | | 0. | 0. | 0. |
| (8) Ranjit Ahluwalia | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (9) Stephanie Bach | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (10) Ryan Beach | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (11) Karen Contag | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (12) Irfan Chaudhry | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (13) Latanya Daniels | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (14) Chris Duffy | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (15) Kelly Gulbrandson | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (16) Christina Haddad Gonzalez | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (17) Brandon Jones | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| 332007 12-21-23 | | | | | | | | | | Form 990 (2023) |

332007 12-21-23

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| Form 990 (2023) Every Me | | | | | | | | | 80-091 | 9680 Page 8 |
|---|--|--|-----------------------|---------|--------------|---------------------------------|--------|---|--|--|
| Part VII Section A. Officers, Directors, Tru | | oloy | ees, | | | ghes | t C | | , , | |
| (A) Name and title | (B) Average hours per week | age Position (do not check more than one box, unless person is both an | | | | than c s both | an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional 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) Susan Munson-Regala Board Member | 1.00 | x | | | | | | 0. | 0 | . 0. |
| (19) Jo Saxton | 1.00 | | | | | | | 0. | 0 | • •• |
| Board Member | 1.00 | x | | | | | | 0. | 0 | . 0. |
| (20) Bob Thomas | 1.00 | | | | | | | | _ | |
| Board Member | 1 00 | Х | | | | | | 0. | 0 | . 0. |
| (21) Scott Tonneson Board Member | 1.00 | x | | | | | | 0. | 0 | . 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 377,214. | 0 | . 35,038. |
| c Total from continuation sheets to Part V | | | | | | | | 0. | 0 | . 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 377,214. | 0 | . 35,038. |
| 2 Total number of individuals (including but compensation from the organization | not limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | 3 |
| 3 Did the organization list any former office | r director trust | ee k | ev e | empl | ove | e or | hia | hest compensated emp | ovee on | Yes No |
| line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> 4 For any individual listed on line 1a, is the s | such individual | | | | | | | | - | 3 X |
| and related organizations greater than \$15 Did any person listed on line 1a receive or | 0,000? If "Yes, | " со | mple | ete S | Sche | edule | J f | or such individual | | 4 X |
| rendered to the organization? <i>If</i> "Yes." <i>col</i> | mplete Schedule | e J fo | or si | ıch ı | oers | on . | | | | 5 X |
| Section B. Independent Contractors Complete this table for your five highest or the experience of the exper | • | • | | | | | | | • | ation from |
| the organization. Report compensation for (A) | the calendar ye | ear e | enair | ig w | ith C | or wit | | the organization s tax y | ear. | (C) |
| Name and busines | s address | NC | ONE | 3 | | | | Description of s | ervices | Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors \$100,000 of compensation from the organ | u u | ot lin | nited | d to | thos C | | ted | above) who received mo | ore than | |
| | | | | | - | | | | | Form 990 (2023) |

| ar | t VII | I Statement of Re | venu | le | | | | | | |
|---------------------------|----------|--|----------|-----------------|----------|---------------------|---|---------------------------------|------------------|---|
| | | Check if Schedule O | contai | ns a respo | nse | or note to any line | <u>e in this Part VIII</u> (A) Total revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue exclue from tax und |
| | | | | | | | | function revenue | business revenue | sections 512 - |
| Ś | 1 a | Federated campaigns | | 1a | | | | | | |
| nut | | | | | | | | | | |
| e de la | | Fundraising events | | | | | | | | |
| ar A | | B 1 1 1 1 1 | | | | | | | | |
| nila | | Government grants (contr | | | | | | | | |
| ŝ | | All other contributions, gifts, | | | | | | | | |
| the | | similar amounts not included | | | | 9,478,963. | | | | |
| Ò | g | Noncash contributions included in | lines 1a | -1f 1g 9 | 6 | 326,627. | | | | |
| and Other Similar Amounts | h | Total. Add lines 1a-1f | | | | | 9,478,963. | | | |
| | | | | | | Business Code | | | | |
| | 2 a | Food Income | | | | 900099 | 189,996. | 189,996. | | |
| đ | b | Shipping and Handlin | ng | | | 900099 | 6,099. | 6,099. | | |
| Revenue | с | Merchandise Income | | | | 900099 | 2,315. | 2,315. | | |
| eve | d | Other Revenue | | | | 900099 | 950. | 950. | | |
| æ | е | | | | | | | | | |
| | f | All other program service | reven | ue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | | 199,360. | | | |
| | 3 | | | | | | | | | |
| | | other similar amounts) | | | | | 45,918. | | | 45,9 |
| | 4 | Income from investment of | of tax- | exempt bo | nd p | roceeds | | | | |
| | 5 | Royalties | | | | | | | | |
| | | | | (i) Rea | | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | 92,1 | | | | | | |
| | b | Less: rental expenses \dots | 6b | 242,9 | | | | | | |
| | | Rental income or (loss) | 6c | -150,7 | 793. | | | | | |
| | | Net rental income or (loss |) | | | | -150,793. | | -150,793. | |
| | 7 a | Gross amount from sales of | | (i) Securit | ies | (ii) Other | | | | |
| | | assets other than inventory | 7a | | | | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| | | and sales expenses | 7b | | | | | | | |
| | | Gain or (loss) | | | | | | | | |
| | | Net gain or (loss) | | | | | | | | |
| | 8 a | Gross income from fundraisi | - | | | | | | | |
| | | including \$ | | | | | | | | |
| | | contributions reported on | | - | | | | | | |
| | | Part IV, line 18 | | | 8a | | | | | |
| | | Less: direct expenses | | | 8b | | | | | |
| | | Net income or (loss) from | | • | | | | | | |
| | 9 a | Gross income from gamin | - | | | | | | | |
| | L. | Part IV, line 19 | | | 9a 9b | | | | | |
| | | Less: direct expenses | | | | | | | | |
| | | Net income or (loss) from Gross sales of inventory, I | | | <u></u> | | | | | |
| | iu d | and allowances | | | 10a | | | | | |
| | h | Less: cost of goods sold | | | 10a | | | | | |
| | | Net income or (loss) from | | | | | | | | |
| ╈ | U | | 54153 | or invento | y | Business Code | | | | |
| | 11 a | | | | | | | | | |
| Revenue | n a b | | | | | | | | | |
| ver | c c | | | | | | | | | |
| Be | | All other revenue | | | | | | | | |
| | | Total. Add lines 11a-11d | | | | | | | | |
| | | | | | | | | | | |

Form **990** (2023)

| | Check if Schedule O contains a response | | | | |
|--------|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 2,315,094. | 2,315,094. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 181,819. | 112,281. | 22,446. | 47,092. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 0 050 000 | 1 200 005 | 000 504 | |
| 7 | Other salaries and wages | 2,252,083. | 1,389,897. | 276,534. | 585,652. |
| 8 | Pension plan accruals and contributions (include | 70 104 | 40 507 | 10 040 | 10 000 |
| - | section 401(k) and 403(b) employer contributions) | 79,104. | <u>49,527.</u> 112,342. | 10,949. | <u>18,628.</u> 42,255. |
| 9 | Other employee benefits | 179,432. | | 24,835. | |
| 10 | Payroll taxes | 186,497. | 115,209. | 21,821. | 49,467. |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | 47,836. | 39,637. | 6 024 | 1 265 |
| b | | 69,609. | 39,037. | <u>6,934</u> . 69,609. | 1,265. |
| | Accounting | 09,009. | | 09,009. | |
| d | Lobbying | 90,054. | | | 90,054. |
| e f | Professional fundraising services. See Part IV, line 17 | 90,054. | | | J0,0J4. |
| f g | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| y | column (A), amount, list line 11g expenses on Sch 0.) | 126,108. | 50,822. | 44,217. | 31,069. |
| 12 | Advertising and promotion | 7,823. | 105. | 105. | 7,613. |
| 13 | Office expenses | 65,503. | 17,293. | 2,621. | 45,589. |
| 14 | Information technology | 304,207. | 121,227. | 71,497. | 111,483. |
| 15 | Royalties | , | | , | • |
| 16 | Occupancy | 330,099. | 294,846. | 14,172. | 21,081. |
| 17 | Travel | 87,053. | 83,205. | 56. | 3,792. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 4,359. | 1,127. | 1,144. | 2,088. |
| 20 | Interest | 10,230. | 8,233. | 1,997. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 273,135. | 246,254. | 13,874. | 13,007. |
| 23 | Insurance | 9,373. | | 9,373. | |
| 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 | Donations | 124,204. | 67,889. | 15,144. | 41,171. |
| b | Events | 48,332. | 0. | 0. | 48,332. |
| с | Bank fees | 41,148. | 0. | 41,078. | 70. |
| d | Staff training | 28,778. | 15,619. | 5,164. | 7,995. |
| е | All other expenses | 26,435. | 18,469. | 1,295. | 6,671. |
| 25 | Total functional expenses. Add lines 1 through 24e | 6,888,315. | 5,059,076. | 654,865. | 1,174,374. |
| 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) | | | | – 000 (2222) |

Form 990 (2023)

Form 990 (2023)

Every Meal Part IX Statement of Functional Expenses

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

| | | Check if Schedule O contains a response or note | e to anv | line in this Part X | | | |
|-----------------------------|-----|--|-----------|-------------------------------------|---------------------------------|-------------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,822,195. | 1 | 562,723. |
| | 2 | Savings and temporary cash investments | | | 867,947. | 2 | 563,179. |
| | 3 | Pledges and grants receivable, net | | | 1,530,543. | 3 | 894,393. |
| | 4 | Accounts receivable, net | | | 60,273. | 4 | 909. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, substa | antial co | ntributor, or 35% | | | |
| | | controlled entity or family member of any of thes | e persor | าร | | 5 | |
| | 6 | Loans and other receivables from other disqualif | ied pers | ons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | | | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 1,080,205. | 8 | 898,297. |
| Ä | 9 | Prepaid expenses and deferred charges | | | 286,796. | 9 | 85,135. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 9,331,481. | | | |
| | b | | <u> </u> | 1,147,131. | 326,741. | 10c | 8,184,350. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | 255,564. | 12 | 0. | |
| | 13 | Investments - program-related. See Part IV, line 1 | | 13 | | | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 503,819. | 15 | 249,410. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | 6,734,083. | 16 | 11,438,396. | |
| | 17 | Accounts payable and accrued expenses | | | 214,911. | 17 | 141,759. |
| | 18 | Grants payable | 1 0 0 | 18 | 10 101 | | |
| | 19 | Deferred revenue | 179. | 19 | 12,191. | | |
| | 20 | Tax-exempt bond liabilities | I | | 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 | 2 224 200 |
| _ | 23 | Secured mortgages and notes payable to unrela | | · · · · · · · · · · · · · · · · · · | | 23 | 2,334,399. |
| | 24 | Unsecured notes and loans payable to unrelated | | Г | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines | , | | 517,678. | 05 | 263,599. |
| | 26 | of Schedule D | | | 732,768. | 25 26 | 2,751,948. |
| | 20 | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chee | ok boro | X | 152,100. | 20 | 2,751,540. |
| Se | | and complete lines 27, 28, 32, and 33. | | 23 | | | |
| ů. | 27 | | | | 2,299,798. | 27 | 8,241,500. |
| ala | 28 | Net assets with donor restrictions | | | 3,701,517. | 28 | 444,948. |
| Б | 20 | Organizations that do not follow FASB ASC 9 | | | 0,,01,01,0 | 20 | 111/0100 |
| ΤuΓ | | and complete lines 29 through 33. | 50, 01100 | | | | |
| ŗ | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 6,001,315. | 32 | 8,686,448. |
| Z | 33 | Total liabilities and net assets/fund balances | | I | 6,734,083. | 33 | 11,438,396. |
| | | | | 1 | | 1 | Form 990 (2023) |
| | | | | | | | (= ===) |

Form 990 (2023)
Part X Balance Sheet

Every Meal

| Form 990 | (2023) Every Meal | 80- | -0919680 | Pa | ge 12 |
|----------------|--|----------|----------|------------|--------------|
| Part X | Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 Tota | al revenue (must equal Part VIII, column (A), line 12) | 1 | 9,57 | | |
| 2 Tota | al expenses (must equal Part IX, column (A), line 25) | 2 | 6,88 | | |
| 3 Rev | enue less expenses. Subtract line 2 from line 1 | 3 | 2,68 | | |
| 4 Net | assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 6,00 | <u>1,3</u> | <u>15.</u> |
| 5 Net | unrealized gains (losses) on investments | 5 | | | |
| 6 Dor | nated services and use of facilities | 6 | | | |
| | estment expenses | 7 | | | |
| | r period adjustments | 8 | | | |
| 9 Oth | er 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, | | | | |
| colu | umn (B)) | 10 | 8,68 | 6,4 | 48. |
| Part X | Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 Acc | counting method used to prepare the Form 990: 🗌 Cash 🛛 🔀 Accrual 📃 Other | | | | |
| lf th | e organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 0. | | | |
| 2a We | re the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| lf "۱ | res," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| sep | arate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b Wei | re the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| lf "እ | res," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| con | solidated basis, or both: | | | | |
| X | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| c lf "ነ | res" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| revi | ew, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| lf th | e organization changed either its oversight process or selection process during the tax year, explain on Sch | edule C |). | | |
| 3a Asa | a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| Unit | form Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b lf "ነ | 'es," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red aud | lit | | |
| or a | udits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2023)

(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 |
|-------------------|
| 2023 |
| Open to Public |

| Department of the Treasury Internal Revenue Service | | | | | ttach to Form 990 or Fo Form990 for instruction | | | ormation. | | Open to Public Inspection |
|--|--|---------------------|-------------------------|----------------------------------|--|-----------------|----------------------|----------------------|---------------|------------------------------|
| Name of the organization | | - | | | | | Employer | identification numbe | | |
| Ever | | | Ever | y Meal | | | | | 8 | 0-0919680 |
| Pa | rt I | Reason | for Public C | Charity Status. | (All organizations must c | omplete tl | 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 associatio | on of churches described | in sectio | on 170(b)(1 | 1)(A)(i). | | |
| 2 | | | | | (Attach Schedule E (Forn | | | | | |
| 3 | | | | | anization described in s | |)(b)(1)(A)(ii | ii). | | |
| 4 | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). En | | | | | .)(iii). Enter | the hospital's name, | | | |
| | | city, and state: | | | | | | | | |
| 5 | | An organizati | on operated fo | or the benefit of a co | llege or university owned | l or operat | ed by a go | overnmental u | nit describe | ed in |
| | | section 170 | (b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | | A federal, sta | te, or local gov | vernment or governr | mental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | X | An organizati | on that norma | lly receives a substa | intial part of its support fi | rom a gove | ernmental | unit or from tl | ne general j | oublic described in |
| | | section 170(| b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | | A community | r trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | | An agricultur | al research org | anization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | unction with a | land-grant | college |
| | | or university | or a non-land-g | grant college of agric | culture (see instructions). | Enter the | name, city | , and state of | the college | or |
| | | university: | | | | | | | | |
| 10 | | An organizati | on that norma | lly receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | nip fees, and | d gross receipts from |
| | | activities rela | ted to its exem | npt functions, subjec | ct to certain exceptions; a | and (2) no | more than | 33 1/3% of it | s support f | rom gross investment |
| | | income and ι | unrelated busir | ness taxable income | (less section 511 tax) fro | om busines | sses acqui | red by the org | ganization a | after June 30, 1975. |
| | | See section | 509(a)(2). (Cor | mplete Part III.) | | | | | | |
| 11 | | An organizati | on organized a | and operated exclus | ively to test for public sa | fety. See | section 50 | 09(a)(4). | | |
| 12 | | An organizati | on organized a | and operated exclus | ively for the benefit of, to | perform t | he functio | ns of, or to ca | rry out the | purposes of one or |
| | | more publicly | / supported or | ganizations describe | ed in section 509(a)(1) o | or section | 509(a)(2). | See section | 509(a)(3). (| Check the box on |
| | | _lines 12a thro | ough 12d that | describes the type o | of supporting organization | n and com | plete lines | 12e, 12f, and | l 12g. | |
| а | | Type I. A s | upporting orga | anization operated, s | supervised, or controlled | by its sup | ported org | anization(s), t | ypically by | giving |
| | | the suppor | ted organizatio | on(s) the power to re | gularly appoint or elect a | majority o | of the direc | ctors or truste | es of the su | upporting |
| | _ | organizatio | n. You must c | complete Part IV, Se | ections A and B. | | | | | |
| b | | Type II. A s | supporting org | anization supervised | d or controlled in connect | tion with it | s supporte | ed organizatio | n(s), by hav | ving |
| | | | - | | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported |
| | | organizatio | n(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| С | | | - | | ng organization operated | | | | lly integrate | ed with, |
| | | ¬ · · | • | | s). You must complete I | | | | | |
| d | | | - | | porting organization oper | | | | - | |
| | | that is not f | functionally int | egrated. The organiz | zation generally must sat | isfy a distr | ibution rec | quirement and | an attentiv | /eness |
| | | - · | | , | mplete Part IV, Sections | | | | | |
| е | | | • | | written determination fro | | | Туре I, Туре | II, Type III | |
| | | | | | nally integrated supporti | ng organiz | ation. | | | [|
| | | | of supported c | • | | | | | | |
| <u> </u> | | i) Name of supp | <u> </u> | n about the supporte (ii) EIN | (iii) Type of organization | (iv) Is the ora | anization listed | (v) Amount o | fmonetary | (vi) Amount of other |
| | `` | organizatior | | | (described on lines 1-10 | in your govern | ing document? | support (see in | | support (see instructions |
| | | 0 | | | above (see instructions)) | Yes | No | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| Tota | 1 | | | | | | | | | |
| 1010 | | | | | | | | 1 | | |

| Schedule A | Form 990 |) 2023 |
|------------|----------|--------|
| | | |

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.)

| Sec | Section A. Public Support | | | | | | | |
|------|---|----------------------|-----------------|-----------------------|-----------------|-------------------|-----------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 7257047. | 5769599. | 6198378. | 9712115. | 9478963. | 38416102. | |
| 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 | 7257047. | 5769599. | 6198378. | 9712115. | 9478963. | 38416102. | |
| 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) | | | | | | 3222270. | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 35193832. | |
| | ction B. Total Support | | | | ł | ł | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| | Amounts from line 4 | 7257047. | 5769599. | 6198378. | 9712115. | 9478963. | 38416102. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | 329. | 142. | 3,034. | 22,538. | 45,918. | 71,961. | |
| 9 | Net income from unrelated business | | | | , | | , | |
| • | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | -150,793. | -150,793. | |
| 10 | Other income. Do not include gain | | | | | | | |
| 10 | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | 15,015. | 39,841. | | 1,502. | | 56,358. | |
| 11 | Total support. Add lines 7 through 10 | 10,0101 | | | 2,0020 | | 38393628. | |
| 12 | Gross receipts from related activities, | etc. (see instructio | ne) | | | 12 1 | ,145,618. | |
| 13 | First 5 years. If the Form 990 is for th | | , | fourth or fifth tax y | | · · · · · · | , | |
| .0 | organization, check this box and stop | - | | - | | | | |
| Sec | ction C. Computation of Publi | | | | | | | |
| | Public support percentage for 2023 (li | | - | olumn (f)) | | 14 | 91.67 % | |
| | Public support percentage from 2022 | | | | | 15 | 89.29 % | |
| | | | | | | | | |
| | 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X | | | | | | | |
| h | b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | |
| ~ | and stop here. The organization qual | | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | 13 16a or 16b a | | | |
| | and if the organization meets the facts | | | | | | | |
| | meets the facts-and-circumstances te | | | - | - | - | | |
| Ь | 10% -facts-and-circumstances test | 6 | • | | • | 7a and line 15 is | | |
| N. | more, and if the organization meets th | - | | | | | | |
| | organization meets the facts-and-circu | | | | | | | |
| 18 | - | | | | • • | | | |
| 10 | B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | | |

Schedule A (Form 990) 2023

332022 12-21-23

Every Meal

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.)

| See | ction A. Public Support | | | | | | |
|-----------|--|----------|-----------------|--------------------|----------|----------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | 3 (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 ergenization without charge | | | | | | |
| ~ | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| Ł | 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.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | 3 (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | 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.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | 0 | | , | , | ()() | <i>,</i> |
| _ | check this box and stop here | | • | | | | |
| | ction C. Computation of Publi | | | | | | |
| 15 | Public support percentage for 2023 (| | • | column (f)) | | 15 | % |
| <u>16</u> | Public support percentage from 2022 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| 17 18 | Investment income percentage for 20 Investment income percentage from | | | ne 13, column (f)) | | 17 18 | <u>%</u> % |
| | 33 1/3% support tests - 2023. If the | | | | | | |
| | more than 33 1/3%, check this box a | | | | | | |
| Ł | 33 1/3% support tests - 2022. If the | | | | | | 3%, and |
| ~ | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | 23 12-21-23 | | , | . , | | | lule A (Form 990) 2023 |
| | | | 16 | 1 | | | - |

2023.05010 EVERY MEAL

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

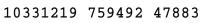
Part IV Supporting Organizations

(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.)

332024 12-21-23



| Sche | dule A (Form 990) 2023 Every Meal 80 | -091968 | 0 Ра | age 5 |
|------|---|-----------|-------|-------|
| | rt IV Supporting Organizations (continued) | | • • • | ige e |
| | | | 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? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the tax year?</i> | rs, ed | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| 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 | | | |
| 3 | the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a | 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 Test during the yea | ar (see instructions). |
|---|--|------------------------|
| | | |

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

| b | | The organization | is the parent o | f each of its sup | oported organizations | 6. Complete line 3 below. |
|---|--|------------------|-----------------|-------------------|-----------------------|---------------------------|
|---|--|------------------|-----------------|-------------------|-----------------------|---------------------------|

| с | | The organization supported a governmental entity. | Describe in Part VI how | you supported a | governmental entity | / (see instruction <u>s).</u> |
|---|--|---|-------------------------|-----------------|---------------------|-------------------------------|
|---|--|---|-------------------------|-----------------|---------------------|-------------------------------|

- 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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

3

2a

2b

За

Yes No

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18 2023.05010 EVERY MEAL

| Sche | edule A (Form 990) 2023 Every Meal | | 8 | 30-0919680 Page 6 |
|------|---|-----------------|----------------------------------|--------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organi | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on N | ov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | st complete S | Sections A through E. | 1 |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| _4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrated | Type III supporting orga | anization (see |

Schedule A (Form 990) 2023

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instructions).

| Every | Meal |
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| Sche | dule A (Form 990) 2023 Every Meal | | | 30-0919680 Page 7 |
|----------|---|------------------------------|--------------------------------|----------------------------------|
| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | |
| Sect | on D - Distributions | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizations | 3 3 | |
| _4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | 5 | |
| 6 | Other distributions (<i>describe in</i> Part VI). 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 2023 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | |
| | | (i) | (ii) Linderdietrikutiene | (iii) Distributeble |
| Sect | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2023 | Distributable Amount for 2023 |
| | | | | |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| | From 2018 | | | |
| | From 2019 | | | |
| | From 2020 | | | |
| | From 2021 | | | |
| | From 2022 | | | |
| | Total of lines 3a through 3e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2023 distributable amount | | | |
| i | Carryover from 2018 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2023 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2023 distributable amount | | | |
| <u> </u> | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h | | | |
| 0 | and 4b from line 1. For result greater than zero, explain in | | | |
| | | | | |
| 7 | Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j | | | |
| 7 | - | | | |
| 8 | and 4c. Breakdown of line 7: | | | |
| | Excess from 2019 | | | |
| | Excess from 2020 | | | |
| | Excess from 2020 | | | |
| | Excess from 2022 | | | |
| | Excess from 2023 | | | |
| - | | | | |

Schedule A (Form 990) 2023

| Schedule A | (Form 990) 2023 Eve | ry Meal | 80-0919680 Page 8 |
|----------------|---|--|--|
| Part VI | line 1; Part IV, Section A, lines 1, 2, 3b, | Provide the explanations required by Part II, line 10; Part II, line 30; 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line art V, Section E, lines 2, 5, and 6. Also complete this part for any | 1; Part V, Section B, line 1e; Part V, |
| | | | |
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| 332028 12-21-2 | 23 | 21 | Schedule A (Form 990) 2023 |

Check if you Note: Only pecial Rule. See instructions.

 \mathbf{X} 501(c)(3) (enter number) organization

501(c)(3) exempt private foundation

527 political organization

General Ru

Form 990-PF

Fo s totaling \$5,000 or more (in money or ntributor's total contributions. pro

Special Rul

X Fo support test of the regulations under r 16b, and that received from any one se unt on (i) Form 990, Part VIII, line 1h; co or

Fo ed from any one ritable, scientific, co lite 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).

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

323451 12-26-23

LHA

* *

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

OMB No. 1545-0047

Employer identification number

80-0919680

| 501(c)(3) taxable private foundation |
|--|
| ur organization is covered by the General Rule or a Special Rule. a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp |
| le |
| r an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution operty) from any one contributor. Complete Parts I and II. See instructions for determining a cor |
| les |
| r an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ntributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou (ii) Form 990-EZ, line 1. Complete Parts I and II. |
| r an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiv ntributor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, char erary, or educational purposes, or for the prevention of cruelty to children or animals. Complete |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Filers of:

Form 990 or 990-EZ

Name of the organization

Organization type (check one):

Every Meal

Section:

| ** PUBLIC DISCLOSURE COPY | . 1 |
|---------------------------|-----|
|---------------------------|-----|

4947(a)(1) nonexempt charitable trust not treated as a private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation



| | B (Form 990) (2023) | | | Page 2 |
|------------|---|---------------------------|--------|--|
| Name of o | rganization | | Employ | er identification number |
| Every | Meal | | 80- | -0919680 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | l space is needed. | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | ns | (d) Type of contribution |
| 1 | | \$500,0 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | ns | (d) Type of contribution |
| 2 | | \$3,999,9 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | ns | (d) Type of contribution |
| 3 | | \$500,0 | | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | ns | (d) Type of contribution |
| 4 | | \$260,9 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | ns | (d) Type of contribution |
| 5 | | \$200,0 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | ns | (d) Type of contribution |
| | | \$ | | Person Payroll Payroll One Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

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| | B (Form 990) (2023) | | Page |
|------------------------------|---|--|--------------------------------|
| Name of o | rganization | | Employer identification number |
| Every | Meal | | 80-0919680 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed | i. |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |

10331219 759492 47883

Schedule B (Form 990) (2023)

| Name of or | rganization | | Employer i | dentification number |
|---------------------------|--|---|---|-------------------------|
| Every | Meal | | 80-0 | 919680 |
| Part III | Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional |) through (e) and the following line entricharitable, etc., contributions of \$1,000 or I | tion 501(c)(7), (8), or (10) that total more | |
| (a) No. | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of ho | w gift is held |
| - | | (e) Transfer of gift | | |
| - | Transferee's name, address, a | Ind ZIP + 4 | Relationship of transferor to tr | ansferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of ho | w gift is held |
| | | (e) Transfer of gif | | |
| - | Transferee's name, address, a | Ind ZIP + 4 | Relationship of transferor to tr | ansferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of ho | w gift is held |
| - | | (e) Transfer of gif | | |
| - | Transferee's name, address, a | Ind ZIP + 4 | Relationship of transferor to | ansferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of ho | w gift is held |
| | | | | |
| | (e) Transfer of gift | | | ansferee |
| | Transferee's name, address, a | | Relationship of transferor to | |
| 323454 12-26- | | | Sch | edule B (Form 990) (202 |

26 2023.05010 EVERY MEAL

| SCHEDULE | D |
|----------|---|
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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.



Department of the Treasury Internal Revenue Service

| Name of the | organization | |
|-------------|--------------|--|
| | | |

Employer identification number

| | Every Meal | | | 80-0919680 |
|-----|---|--|-----------------|---------------------------------|
| Pa | t I Organizations Maintaining Donor Advised | I Funds or Other Similar Funds of | or Accour | Its. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, line | 96. | | |
| | | (a) Donor advised funds | (b) Fur | ids and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held in donor advise | d funde | |
| 5 | are the organization's property, subject to the organization's e | 5 | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ac | | | |
| 6 | | | | |
| | for charitable purposes and not for the benefit of the donor or | | • | |
| Pa | impermissible private benefit? t II Conservation Easements. Complete if the org | | aut 11/ 15a a 7 | Yes No |
| | | | art IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organizatio | · · · · · · · · · · · · · · · · · · · | | |
| | Preservation of land for public use (for example, recreat | | - | important land area |
| | Protection of natural habitat | Preservation of | a certified hi | storic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form o | f a conserva | |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| с | Number of conservation easements on a certified historic stru | cture included on line 2a | 2c | |
| d | Number of conservation easements included on line 2c acquir | red after July 25, 2006, and not | | |
| | on a historic structure listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | | | during the tax |
| | year | | | |
| 4 | Number of states where property subject to conservation ease | ement is located | | |
| 5 | Does the organization have a written policy regarding the peri | odic monitoring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | | | ements during the year |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ing of violations, and enforcing conservati | on easemen | ts during the year |
| | | o | | 0 |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirements of section 170(h)(| (4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservatio | | | |
| • | balance sheet, and include, if applicable, the text of the footne | • | | |
| | organization's accounting for conservation easements. | | | |
| Pa | t III Organizations Maintaining Collections of | Art. Historical Treasures. or Oth | ner Simila | r Assets. |
| | Complete if the organization answered "Yes" on Form | | | |
| 10 | If the organization elected, as permitted under FASB ASC 958 | | d balanco cl | aget works |
| Id | | · · · | | |
| | of art, historical treasures, or other similar assets held for public | | | public |
| | service, provide in Part XIII the text of the footnote to its finan | | | |
| b | If the organization elected, as permitted under FASB ASC 958 | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furthe | erance of pu | blic service, |
| | provide the following amounts relating to these items. | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | | | | \$ |
| 2 | If the organization received or held works of art, historical trea | | gain, provide | 9 |
| | the following amounts required to be reported under FASB AS | SC 958 relating to these items: | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| b | | | | \$ |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | for Form 990. | | Schedule D (Form 990) 2023 |

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| 27 | | |
|------------|-------|------|
| 2023.05010 | EVERY | MEAL |

| Sche | dule D (Form 990) 2023 Every M | | | | | | | 80-09 | 19680 |) _{Pa} | age 2 |
|------------|---|---------------------------------|--------------------|--------------|---------------------|-----------|---------------------------|-------------|-----------------|-----------------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histoı | rical Tre | asures, o | r Othe | r Simila | r Assets | (contir | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check a | iny of the f | ollowing that | make s | ignificant ι | use of its | | | |
| | collection items (check all that apply). | | | | | | | | | | |
| а | Public exhibition | c | 1 🗌 Lo | oan or exc | hange progra | m | | | | | |
| b | Scholarly research | e | • 🗌 0 | ther | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how they | y further th | e organizatio | n's exe | mpt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit of | or receive donations of | of art, histo | orical treas | sures, or othe | er simila | r assets | | _ | | _ |
| _ | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | ete if the or | rganizatior | answered " | res" on | Form 990, | Part IV, li | ne 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | | |
| 1 a | 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 fo | llowing tab | ole: | | | | | - | | |
| | | | | | | | | | Amoun | 1 | |
| С | Beginning balance | | | | | | | | | | |
| d | Additions during the year | | | | | | | | | | |
| e | Distributions during the year | | | | | | | | | | |
| Ť | Ending balance | | | | | | | | | | 1 |
| | Did the organization include an amount on F | | | | | | IITY? | L | Yes | | _ No □ |
| Par | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if | | | | | | 0 | | | | <u> </u> |
| | | (a) Current year | | or year | (c) Two year | | (d) Three y | ears hack | (e) Four | vears | hack |
| 10 | Paginning of year balance | (a) ourrent year | | or year | | 5 Duon | | | (0) 1 001 | yours | DUCK |
| 1a ⊾ | Beginning of year balance | | | | | | | | | | |
| U | Contributions Net investment earnings, gains, and losses | | | | | | | | | | |
| с А | Grants or scholarships | | | | | | | | | | |
| u | Other expenditures for facilities | | | | | | | | | | |
| e | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| י מ | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | | e (line 1a | column (a) |) held as: | | | | | | |
| _ a | Board designated or quasi-endowment | , | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| c | | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | - uld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | | ation that a | are held ar | nd administer | ed for th | ne | | | | |
| | organization by: | | | | | | | | [| Yes | No |
| | (i) Unrelated organizations? | | | | | | | | 3a(i) | | |
| | | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | ations listed as requir | red on Sch | nedule R? | | | | | Зb | | |
| 4 | Describe in Part XIII the intended uses of the | | wment fur | nds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part IV, I | line 11a. S | ee Form 990 | , Part X, | , line 10. | | | | |
| | Description of property | (a) Cost or c basis (investr | | . , | or other (other) | • • | Accumulate epreciation | ed | (d) Boo | < value | Э |
| 1a | Land | | | | | | | | | | |
| b | Buildings | | | | 7,288. | | <u>158,6</u> | | 7,99 | | |
| с | Leasehold improvements | | | 1,17 | 4,193. | | 988,5: | 17. | 18 | 5,6 | 76. |
| d | Equipment | | | | | | | | | | |
| | Other | | | | | | | | | | |
| Tota | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | <u>X, line 10c</u> | c. column | <u>(B))</u> | | | | 8,18 | 1,3 | <u>. 0 c</u> |

Schedule D (Form 990) 2023

10331219 759492 47883

| Complete if the organization answered "Yes" of | | | of yoor market yolyo |
|--|------------------------------|---|----------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) (D) | | | |
| (D) (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | on Form 990. Part IV. line 1 | 1c. See Form 990. Part X. line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | of-vear market value |
| (1) | ., | ., | • • • • • • • |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line 1 | 1d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col | . <i>(</i> B)) | | |
| Part X Other Liabilities | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line 1 | Te or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | 116 040 |
| (2) Finance Lease Liabilities | | | 116,248. |
| (3) Operating Lease Liabilitie | :5 | | 147,351. |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | 263,599. |
| Total. (Column (b) must equal Form 990, Part X, line 25, col | . (B)) | | 203,333. |

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) 2023

332053 09-28-23

| Sche | dule D (Form 990) 2023 Every Meal | 80-0 | 919680 Page 4 | |
|------|--|------------------|-----------------|------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statem | nents With Reven | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 9,573,448. |
| 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 | | |
| с | Recoveries of prior year grants | | | |
| d | | | | |
| е | Add lines 2a through 2d | | | 0. |
| 3 | Subtract line 2e from line 1 | | | 9,573,448. |
| 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 4a and 4b | | 0. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | 9,573,448. | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stater | | nses per Return | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 6,888,315. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | |
| а | Donated services and use of facilities | 2 a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 6,888,315. |
| 4 | Amounts included on Form 990, Part IX, line 25, 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 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 6,888,315. |
| Pa | rt XIII Supplemental Information | | | |

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

332054 09-28-23

| SCHEDULE G | Supplemental Information Regarding Fundraising or Gaming Activities | | | | | | | OMB No. 1545-0047 | |
|--|--|--|---|--|---|---------|--|--|--|
| (Form 990) | Complete if the | or if the | 2023 | | | | | | |
| Department of the Treasury | | | Open to Public Inspection | | | | | | |
| Internal Revenue Service Name of the organization | | o www.irs.gov/Form990 for instru | ctions | and t | he latest information | ו. | Employer ide | Inspection entification number | |
| Hame of the organization | Every M | eal | | | | | 80-0919 | | |
| | complete this par | Complete if the organization answe | ered "Y | es" or | n Form 990, Part IV, li | ine 1 | 7. Form 990-EZ | filers are not | |
| a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list | tions email solicitations tations licitations on have a written o ed in Form 990, P) highest paid indiv | f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu | ition of ition of I fundra (incluc irofessi | non-g gover iising ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | X Yes | | |
| (i) Name and address of individual or entity (fundraiser) (ii) Activity | | | | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | tò (o | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization | |
| Creative Fundraisin | - | Campaign readiness and | Yes | No | | | | | |
| - 1041 Grand Avenue | | feasibility study | | | 4,407,671. | | 90,054. | 4,317,617. | |
| | | | | | | | | | |
| Total 3 List all states in whi | ich the organizatio | n is registered or licensed to solicit (| contrib | utions | 4,407,671. or has been notified | it is e | 90,054. exempt from re | 4,317,617. gistration | |
| or licensing. | | | | | | | | | |
| MN | | | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. See Part IV for continuations Schedule G (Form 990) 2023

LHA 332081 09-13-23

| | | le G (Form 990) 2023 Every M | | | | 0919680 Page 2 | | | |
|-----------------|---|--|---------------------------------|--------------------------|----------------------|---|--|--|--|
| Pa | Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 | | | | | | | | |
| | | of fundraising event contributions and gr | oss income on Form 990 | | · · · | ts greater than \$5,000. | | | |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through | | | |
| ne | | | (event type) | (event type) | (total number) | col. (c)) | | | |
| Revenue | 1 | Gross receipts | | | | | | | |
| | 2 | Less: Contributions | | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | | | | |
| | 4 | Cash prizes | | | | | | | |
| ŝ | 5 | Noncash prizes | | | | | | | |
| pense | 6 | Rent/facility costs | | | | | | | |
| Direct Expenses | 7 | Food and beverages | | | | | | | |
| ē | 8 | | | | | | | | |
| | 9 | Other direct expenses | | | | | | | |
| | 10 | Direct expense summary. Add lines 4 throug | () | | | | | | |
| | 11 | 1 | | | | | | | |
| Pa | πι | | answered "Yes" on Form | 990, Part IV, line 19, o | r reported more than | | | | |
| | | \$15,000 on Form 990-EZ, line 6a. | | (1) Dull take (instant | | | | | |
| e | | | (a) Bingo (b) Pull tabs/instant | | (c) Other gaming | (d) Total gaming (add | | | |
| Revenue | | | | bingo/progressive bingo | | col. (a) through col. (c)) | | | |
| Rev | | | | | | | | | |
| | 1 | Gross revenue | | | | | | | |
| es | 2 | Cash prizes | | | | | | | |
| ct Expenses | 3 | Noncash prizes | | | | | | | |
| Direct E | 4 | Rent/facility costs | | | | | | | |
| | 5 | Other direct expenses | | | | | | | |
| | 6 | Volunteer labor | └── Yes % | │ | ⊳ | | | | |
| | 7 | Direct expense summary. Add lines 2 throug | h 5 in column (d) | | | | | | |
| | | Net gaming income summary. Subtract line 7 | | | | | | | |
| | - | | | | | L | | | |
| 9 | Ent | ter the state(s) in which the organization condu | ucts gaming activities: | | | | | | |
| | | the organization licensed to conduct gaming a | | | | Yes No | | | |
| b | lf " | No," explain: | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | year? | Yes No | | | |
| | | | | | | | | | |
| 33208 | 2 09 |)-13-23 | | | Sche | edule G (Form 990) 2023 | | | |

| Sch | edule G (Form 990) 2023 | Every | Meal | 80-0919680 Page 3 |
|-----------|---|-----------------|--|-----------------------------------|
| 11 | Does the organization conduct ga | ming activitie | es with nonmembers? | |
| 12 | | | stee of a trust, or a member of a partnership or other entity formed | |
| | to administer charitable gaming? | - | · · · · · · · · · · · · · · · · · · · | Yes No |
| 12 | Indicate the percentage of gaming | | | |
| | | | | |
| | | | | |
| | | | | |
| 14 | Enter the name and address of the | e person who | prepares the organization's gaming/special events books and record | ds: |
| | | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| | | | | |
| 15a | Does the organization have a cont | tract with a th | nird party from whom the organization receives gaming revenue? | Yes No |
| | | | | |
| b | If "Yes," enter the amount of gami | ing revenue r | eceived by the organization \$ and the arr | nount |
| | of gaming revenue retained by the | | | |
| | If "Yes," enter name and address | | | |
| | | | ary. | |
| | Name | | | |
| | | | | |
| | A daha a a | | | |
| | Address | | | |
| | | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation | \$ | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | | | | |
| | Director/officer | Employ | /ee Independent contractor | |
| | | | | |
| 17 | Mandatory distributions: | | | |
| | • | state law to | make charitable distributions from the gaming proceeds to | |
| · · | | | | |
| F | | | er state law to be distributed to other exempt organizations or spent | |
| | | | | |
| Pa | organization's own exempt activiti Int IV Supplemental Information | | e tax year \$ ovide the explanations required by Part I, line 2b, columns (iii) and (v) | u and Dart III, lines 0, 0h, 10h |
| 1 4 | | | | , and Part III, lines 9, 90, 100, |
| | 15b, 15c, 16, and 17b, as | applicable. | Also provide any additional information. See instructions. | |
| a | hadala G Daat T | T 0 | h tist of more Winhout Doid Douglood | |
| SC | nedule G, Part I, | Line 2 | b, List of Ten Highest Paid Fundra: | lsers: |
| | | | | |
| | | | | |
| | | | | |
| <u>(i</u> | <u>) Name of Fundrais</u> | ser: Cr | eative Fundraising Advisors | |
| | | | | |
| <u>(i</u> |) Address of Fundr | <u>raiser:</u> | 1041 Grand Avenue, Ste 225, St. Pa | aul, MN 55105 |
| | | | | |
| _ | | | | |
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332083 09-13-23

10331219 759492 47883

Schedule G (Form 990) 2023

| Schedule G | (Form 990) | | Ever | У | Meal |
|------------|------------|--------|-------------|-----|----------|
| Part IV | Suppler | nental | Information | (00 | ntinued) |

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Schedule G (Form 990)

332084 04-01-23

| SCHEDULE I | | G | ants and Oth | er Assistan | ce to Organ | izations. | | OMB | No. 1545-0047 | |
|----------------------------|--|------------------|--|--------------------------|--|--|---------------------------------------|-------------------------|---------------|----|
| (Form 990) | | Go | vernments, an ete if the organization | nd Individual | ls in the Ŭni | ted States | | 2 | 2023 | |
| Department of the Treasury | | Compr | | Attach to Forn | | 1 (1 v , inte 2 1 of 22. | | | en to Public | |
| Internal Revenue Service | | | Go to www.irs | s.gov/Form990 for | | ation. | | | spection | |
| Name of the organizat | | _ | | | | | | Employer identifi | | |
| | Every Mea | | | | | | | 80- | 0919680 |) |
| | nformation on Grants a | | | | | | | | | — |
| - | zation maintain records t award the grants or assis | | - | | | • | | | es 🛛 N | Jo |
| | IV the organization's pro | | | | | | | | | 10 |
| Part II Grants an | d Other Assistance to I hat received more than \$ | Domestic Organiz | ations and Domestic | Governments. | Complete if the org | anization answered "Y | es" on Form 990, Part | t IV, line 21, for any | | |
| 1 (a) Name and ad | ddress of organization vernment | (b) EIN | (c) IRC section (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 or assis | | |
| | | | | | | | | | | |
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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 ...

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

Schedule I (Form 990) 2023

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 | 414679 | 0. | 2,290,869. | FMV | weekends, summers, and |
| | | | | | |
| | | | | | |
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| | | | | | |
| Dort IV Supplemental Information Dravida the information rec | | - O: Davit III ali uman | (h), and any, atlance as | ditional information | • |

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) | 990) For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | 2023 | | |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | ZU | Z J |) | |
| 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 i | | | mber | |
| | | Every Meal | 80-0 | 91968 | 0 | | |
| Ра | rt I Question | s Regarding Compensation | | | | <u> </u> | |
| 4- | | | 000 | | Yes | No | |
| 1a | | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| | First-class or c | i i i i i i i i i i i i i i i i i i i | | | | | |
| | Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | | | | |
| | | spending account | | | | | |
| | | | ir, chei) | | | | |
| h | If any of the boxes | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | |
| b | b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | | | | | |
| 2 | | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | <u>1b</u> | | | |
| 2 | - | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | |
| | tradiced, and onloc | | | | | | |
| 3 | Indicate which, if a | ny, of the following the organization used to establish the compensation of the organization's | | | | | |
| | | ector. Check all that apply. Do not check any boxes for methods used by a related organizati | | | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | | | | | |
| | X Compensation | | | | | | |
| | | ompensation consultant X Compensation survey or study | | | | | |
| | X Form 990 of o | | 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 | lated organization: | | | | | |
| а | Receive a severance | e payment or change-of-control payment? | | 4a | | X | |
| b | Participate in or rec | eive payment from a supplemental nonqualified retirement plan? | | 4b | | X | |
| с | Participate in or rec | eive payment from an equity-based compensation arrangement? | | 4c | | X | |
| | If "Yes" to any of lir | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | |
| | | | | | | | |
| | |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | |
| 5 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | | |
| | contingent on the r | | | | | | |
| а | The organization? | | | . 5 a | | X | |
| b | | ation? | | <u>5</u> b | | X | |
| | | or 5b, describe in Part III. | | | | | |
| 6 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | | |
| | contingent on the r | | | 6a | | v | |
| | a The organization? | | | | | X | |
| b | Any related organiz | | | <u>6b</u> | | X | |
| - | | or 6b, describe in Part III. | | | | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | _ | | v | |
| ~ | | 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 | | | | - v | |
| ~ | | | | 8 | | X | |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | | | | |
| For | Regulations section | | | 9 | n 000 | 1 2000 | |
| FOR | raperwork Reduct | on Act Notice, see the Instructions for Form 990. | Sched | ule J (Forn | 11 990 | 12023 | |

LHA 332111 11-06-23

10331219 759492 47883

80-0919680

Page 2

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) Breakdown of W | /-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 | |
|---------------------|--------------------|--------------------------------------|---|---|-------------------------|------------------------------------|--|----|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | |
| (1) Rob Williams | (i) | 149,667. | 0. | 0. | 6,547. | 0. | | 0. |
| President & Founder | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) (ii) | | | | | | | |
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| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (i) (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

23

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

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ΖU

Name of the organization

Every Meal

| Pa | rt I Types of Property | | | | | | |
|-----|---|-------------------------------|---|--|---|------------|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | etermining | ts |
| 1 | Art Works of art | | | | | | |
| | Art - Works of art Art - Historical treasures | | | | | | |
| 2 | | | | | | | |
| 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 | | 53 | 247,858. | Fair value | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other (Cloud based sof | | 4 | 32,620. | Fair value | | |
| 26 | Other (Supplies and eq |) X | 1 | 24,897. | Fair value | | |
| 27 | Other (Other Donated G |) X | 78 | 21,252. | Fair value | | |
| 28 | Other (|) | | | | | |
| 29 | Number of Forms 8283 received by the orga | anization during | the tax year for co | ontributions | | | |
| | for which the organization completed Form | 8283, Part V, D | onee Acknowledg | ement 29 | | | |
| | | | - | | | Yes | No |
| 30a | During the year, did the organization receive | e by contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | |
| | must hold for at least 3 years from the date | of the initial co | ntribution, and whi | ch isn't required to be used t | for | | |
| | exempt purposes for the entire holding peri- | | | | | 30a | X |
| b | If "Yes," describe the arrangement in Part II | | | | | | |
| 31 | Does the organization have a gift acceptant | | quires the review o | of any nonstandard contribut | ions? | 31 X | |

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

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

Schedule M (Form 990) 2023

32a

LHA 332141 09-11-23

Х

| Part II | | | |
|----------|-------------------|-------|------|
| Schedule | M (Form 990) 2023 | Every | Meal |

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.

| 332142 09-11-23 | Schedule M (Form 990) 2023 |
|-----------------|----------------------------|

10331219 759492 47883

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



80-0919680

Every Meal

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

Through a network of over 500 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

98% of our food is purchased from over 25 local, national, and global

vendors. Food items and brands are determined through guidance from

registered dieticians who analyze nutritional contents and taste to

ensure that the food is nutritious, delicious, and relevant.

To combat inflation and supply chain disruptions, Every Meal

stabilized 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

continued. Produce grown in the Every Meal Garden was combined with

produce donated by individuals and Grow and Give partner organizations

to be distributed weekly to children in Minnesota throughout the summer months.

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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 42

| Schedule O (Form 990) 2023 | Page 2 |
|----------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| Every Meal | 80-0919680 |

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.

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 |
| 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 |
| 332212 11-14-23 Schedule O (Form 990) 2023 4.3 |
| 331219 759492 47883 2023.05010 EVERY MEAL 47883 |

| Schedule O (Form 990) 2023 | Page 2 |
|----------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| Every Meal | 80-0919680 |

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.

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.

Form 990, Part VI, Section B, Line 15a:

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.

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:

332212 11-14-23

| Name o | of the organizati | on Erromo | Monl | | | | Employer identification numb 80-0919680 |
|--------|-------------------|--------------|---------|------|----------|---------|--|
| | | Every | Meal | | | | 80-0919680 |
| The_ | process | has not | changed | from | the prio | r year. | |
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CARRYOVER DATA TO 2024

| Name Every Meal | | Employer Identification Number 80 – 0919680 | |
|---|------------|---|-----|
| Based on the information provided with this return, the following are possible carryover amounts to | next year. | | |
| Federal Post-2017 Net Operating Loss - Buildin | | 64,0 | 25. |
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10331219 759492 47883

| Name | : Every Meal | | | | | | | | | FEIN: | 80-0919680 |
|--------------------------------------|---|-------------------------|--|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | and Entity: Bui 1382 Annual Limitation | lding Rental 1 | Post-2017 NOL Section 382 Carryover | | DETAIL C | ARRYOVER SCH | IEDULE | | | | |
| Year Origi- nated | Original Carryover Amount | Total Amount Used | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A 2023 | 64,025. | | | | | | | | | | |
| B C D | | | | | | | | | | | |
| A 2023 B C D E F G H | | | | | | | | | | | |
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| V W | | | | | | | | | | | |
| Detail Type | E Amount S Used for B C | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
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| A B C D E F G H | | | | | | | | | | | |
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| 0 | 070 TE | *** | ** TI IR | HIS IS NOT A FI | re Auth | orization | ** | OMB No. 1545-0047 |
|--|---|--|--|--|--|--|---|--|
| Form 8 | 879-TE | For calendar ye | ear 2023, or ⁻ | for a Tax Exe | , 2023, and | ending JUN 3 | 0 , 20 <u>2 4</u> | 2023 |
| | nt of the Treasury | | 0. | Do not send to the IRS. I | | | | LULU |
| Internal Re Name of | evenue Service | | Go | to www.irs.gov/Form88791 | E for the late | est information. | EIN or SSN | |
| Name of | Every | Maal | | | | | 80-09 | 19680 |
| Nama an | | | toy R | ob Williams | | | 00-09 | 19000 |
| Name an | | | | resident | | | | |
| Part | Type of | Return and | | n Information | | | | |
| Form 53 or 10a k whichev | 330 filers may ente below, and the am | r dollars and o ount on that li | cents. For ne for the | sing this Form 8879-TE and er r all other forms, enter whole e return being filed with this fo But, if you entered -0- on the r | dollars only. If orm was blank | f you check the bo , then leave line | ox on line 1a, 2a, 3 1b, 2b, 3b, 4b, 5b, | 3a, 4a, 5a, 6a, 7a, 8a, 9 6b, 7b, 8b, 9b, or 10b, |
| 1a | Form 990 check h | nere | b | Total revenue, if any (Form | n 990, Part VII | II, column (A), line | 12) | 1b |
| | Form 990-EZ che | | | Total revenue, if any (Form | | | | |
| 3a | Form 1120-POL | check here | | Total tax (Form 1120-POL, | | | | |
| 4a | Form 990-PF che | eck here | | Tax based on investment | | | | 4b |
| 5a | Form 8868 check | here | b b | Balance due (Form 8868, I | ine 3c) | | | 5b |
| 6a | Form 990-T chec | k here | Хb | Total tax (Form 990-T, Parl | t III, line 4) | | | 6ь 0 |
| 7a | Form 4720 check | here | b | Total tax (Form 4720, Part | III, line 1) | | | 7b |
| 8a | Form 5227 check | here | | FMV of assets at end of ta | | | | |
| 9a | Form 5330 check | here | b b | Tax due (Form 5330, Part I | II, line 19) | | | 9b |
| <u>10a</u> | Form 8038-CP ct | | b | Amount of credit paymen | t requested (| (Form 8038-CP, Pa | art III, line 22) | 10b |
| Part | II Declarat | tion and Si | gnatur | e Authorization of Office | cer or Pers | son Subject to | o Tax | |
| acknow of any re- entry to financia later tha paymen persona PIN: ch | 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 f s, I authorize ti ution account it the entry to prior to the p ve confidential nber (PIN) as r | or rejection he U.S. T indicated this acco ayment (s informat | etronic return originator (ERO) on of the transmission, (b) th reasury and its designated Fi d in the tax preparation softw: unt. To revoke a payment, I n settlement) date. I also authon ion necessary to answer inqu ture for the electronic return a | e reason for a nancial Agent are for payme nust contact t rize the financ iiries and reso | any delay in proces t to initiate an elec- ent of the federal ta the U.S. Treasury I cial institutions invo blve issues related | ssing the return or tronic funds withdr axes owed on this r Financial Agent at olved in the proces to the payment. I f | refund, and (c) the da awal (direct debit) return, and the 1-888-353-4537 no sing of the electronic nave selected a withdrawal. |
| | with a state age on the return's o As an officer or | ncy(ies) regula disclosure con person subjec | ating chai sent scre t to tax w | electronically filed return. If I h rities as part of the IRS Fed/S een. vith respect to the entity, I wil turn that a copy of the return | itate program, I enter my PIN | , I also authorize th N as my signature | ne aforementioned on the tax year 202 | ERO to enter my PIN 23 electronically filed |
| Signature | IRS Fed/State p | | | PIN on the return's disclosure HIS IS NOT A FI | | | * Date | |
| Part | III Certifica | ation and A | uthent | ication | | | | |
| ERO's I | EFIN/PIN. Enter yo | our six-digit ele | ectronic f | iling identification | | | | |
| number | (EFIN) followed by | / your five-digi | t self-sele | ected PIN. | L | 41068000 Do not enter all | | |
| submitt | | | | which is my signature on the uirements of Pub. 4163, Mod | | | | |
| ERO's si | gnature | | | | | Date | 12/19/24 | |
| | | Do N | | O Must Retain This Fo mit This Form to the IF | | | Do So | |
| For Priv | acy Act and Pape | | | Notice, see instructions. | | | | Form 8879-TE (202 |
| LHA 30 | 02521 01-05-24 | | | 48 | 8 | | | |

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

| must use | Form 7004 to request an extension of time to file incom- | e tax retur | ns. | | | |
|---|---|--------------|---|-------------|------------------|----------------|
| Part I - Io | lentification | | | | | |
| Type or | Name of exempt organization, employer, or other filer | , see instru | uctions. | Taxpayer | identification n | umber (TIN) |
| Print | | | | | | |
| Elle hardha | Every Meal | | | | 80-0919 | 680 |
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, so 2723 Patton Rd | ee instruct | ions. | | | |
| instructions. | City, town or post office, state, and ZIP code. For a for Roseville, MN 55113 | oreign addı | ress, see instructions. | | | |
| Enter the | Return Code for the return that this application is for (file | e a separat | e application for each return) | | | 01 |
| Applicati | | | Application Is For | | | Return |
| | | Code | | | | Code |
| Form 990 | or Form 990-EZ | 01 | Form 4720 (other than individual) | | | 09 |
| | in dividual) | 03 | Form 5227 | | | 10 |
| Form 990 | | 04 | Form 6069 | | | 11 |
| | | 05 | Form 8870 | | | 12 |
| | I-T (trust other than above) | 06 | Form 5330 (individual) | | | 13 |
| | -T (corporation) | 07 | Form 5330 (other than individual) | | | 10 |
| Form 104 | | 08 | | | | 17 |
| | ou enter your Return Code, complete either Part II or Par | | I including signature, is applicable of | only for an | extension of | |
| | e Form 5330. | tini. Faith | | niy ioi an | | |
| | pplication is for an extension of time to file Form 5330, y | | ator the following information | | | |
| | n Name | | • | | | |
| | n Number | | | | | |
| | n Year Ending (MM/DD/YYYY) | | | | | |
| | utomatic Extension of Time To File for Exempt Organ | izatione (e | too instructions) | | | |
| | poks are in the care of Rob Williams | | | | | |
| The bu | 2723 Patton Road | - Ros | eville MN 55113 | | | |
| Toloph | None No. $612 - 568 - 4003$ | 100 | | | | |
| | | in the lini | Fax No | | | |
| If this is | organization does not have an office or place of business is for a Group Return, enter the organization's four-digit (| Group Evo | metion Number (CEN) | | | |
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| box [| If it is for part of the group, check this box quest an automatic 6-month extension of time until Ma | | | | | |
| | | | | e the exem | pt organization | return for |
| the | organization named above. The extension is for the orga | anization's | return for: | | | |
| | calendar year 20 or | | | TTTNT 0 | 0 | 24 |
| X | tax year beginning JUL 1 | , 20 _ | 23, and ending | JUN J | 0 | , 20 24 |
| | | | | | | |
| 2 If th | he tax year entered in line 1 is for less than 12 months, cl | heck reaso | on: Initial return | Final retur | n | |
| | Change in accounting period | | | | | |
| | nis application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter the | tentative tax, less | | | 0 |
| | nonrefundable credits. See instructions. | | | <u>3a</u> | \$ | 0. |
| | nis application is for Forms 990-PF, 990-T, 4720, or 6069 | | | | | <u>^</u> |
| | imated tax payments made. Include any prior year overp | | | 3b | \$ | 0. |
| | ance due. Subtract line 3b from line 3a. Include your pa | | | | | - |
| usi | ng EFTPS (Electronic Federal Tax Payment System). See | e instructio | ns. | 3c | \$ | 0. |

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

| Code Code Form 990 or Form 990 cF 01 Form 4720 (other than individual) 09 Form 990 PF 04 Form 6069 11 Form 990 T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990 T (cruct other than above) 06 Form 830 (individual) 13 Form 990 T (cruct other than above) 06 Form 5330 (individual) 13 Form 990 T (cruct other than above) 06 Form 5330 (individual) 14 Form 990 T (cruct other than above) 06 Form 5330 (individual) 14 Form 990 T (corporation) 07 Form 5330 (individual) 14 Form 990 T (corporation) 07 Form 5330 (individual) 14 Form 990 T (corporation) 07 Form 5330 (individual) 14 Form 5330. It his application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Name | must use | Form 7004 to request an extension of time to file incom | ne tax retur | ns. | | | |
|---|-----------------------------|--|---------------------------------------|-------------------------------------|-------------|---------------|----------------|
| Print Every Meal 80-0919680 Number, street, and room or suite no. If a P.O. box, see instructions. 2723 Patton Rd 2723 Patton Rd Number, street, and room or suite no. If a P.O. box, see instructions. 2723 Patton Rd 07 Application is For Return Application for 07 Application is For Return Application for code for the return that this application is for (file a separate application for each return) 07 Application is For Return Application for Code Return Code Form 920 CE 01 Form 4720 (other than individual) 08 Form 920 Form 990 FE 04 Form 629 10 Form 990 F(see. 401(a) or 408(a) trust) 05 Form 8330 (other than individual) 13 Form 900 F (see. 401(a) or 408(a) trust) 06 Form 5330 (other than individual) 14 Form 1041 A 08 Interview for form 930. 14 14 Form 1041 A 08 Interview for form 930. 14 14 Plan Number Plan Number Plan Number Plan Number Plan Number Plan Number Plan Year Ending (MMDD/YYYY) Plan Year Ending (MMDD/YYYY) < | <u>Part I - Id</u> | entification | | | 1 | | |
| Every Meal 80-0919680 Number, street, and room or suite no. If a P.O. box, see instructions. 2723 Patton Rd City, town or post office, state, and ZIP code. For a foreign address, see instructions. 707 Reference Reference 07 Application Is For Return Return Grow of the state, and ZIP code. For a foreign address, see instructions. 707 Application Is For Return Application Is For Return Grow of the state, and ZIP code. For a foreign address, see instructions. 707 707 Application Is For Return Application Is For Return Grow of the state, and ZIP code. 01 Form 4720 (dubre than individual) 09 Form 990 or Form 990-EZ 01 Form 5320 (dubre than individual) 09 Form 990 T (see, 401(a) or 408(a) trust) 05 Form 6330 (dubre than individual) 112 Form 990 T (see, 401(a) or 408(a) trust) 05 Form 6330 (other than individual) 14 Form 990 T (see, 401(a) not on extension of time to file Form 5330, you must enter the following information. 12 14 Form 990 T (see, 4011(a) form a extension of time to file Form 5330, you | Type or | Name of exempt organization, employer, or other file | r, see instri | uctions. | Taxpaye | identificatio | n number (TIN) |
| Plantbare Number, street, and room or suite no. If a P.O. box, see instructions. 2723 Patton Rd Instructions 2723 Enter the Return Code for the return that this application is for (file a separate application for each return) 07 Application Is For Return Code Code Form 990 cr Form 990-EZ 01 Form 4720 (individual) 03 Form 580 or Form 990-EZ 01 Form 6870 12 Form 990 r Gree, 401(a) or 406(a) trust) 05 Form 8870 12 Form 990 r Gree, 401(a) or 406(a) trust) 06 Form 990 r Gree, 401(a) or 406(a) trust) 07 Form 990 r Gree, 401(a) or 406(a) trust) 06 Form 990 r Groporation) 07 Form 5330 (other than individual) 13 Form 990 r Groporation) 07 Form 5330. 01 Form 600 r Heturn Code, complete either Part III or Part III. Part III. Including signature, is applicable only for an extension of time to file Form 5330, you must enter the following information. Plan Number Plan Name Plan Name 272.3 Patton Road - Roseville, MN 55113 Telephone No. 1 | Print | | | | | | |
| Aumber, street, and room or suite no. If a PO, box, see instructions. Interview | File by the | Every Meal | | | | 80-09 | 19680 |
| Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Robert 21L P, MN 55113 Enter the Return Code for the return that this application is for (file a separate application for each return) 07 Application Is For Return Code Application Is For Return Code Form 990 or Form 990 EZ 01 Form 4720 (other than individual) 09 Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 990 or Form 990-EZ 04 Form 6060 11 Form 990-T (see. 401(a) or 408(a) trust) 05 Form 8370 12 Form 990-T (see. 401(a) or 408(a) trust) 05 Form 5330 (individual) 13 Form 990-T (see. 401(a) or 408(a) trust) 06 Form 5330 (other than individual) 14 Form 990-T (see. 401(a) or 408(a) trust) 07 Form 5330 (other than individual) 14 Form 990-T (see. 401(a) or 408(a) trust) 08 Form 5330. 14 Form 5330. 07 Form 5330 (other than individual) 14 Form 5330. 18 Form 5330. 18 18 Plan Yaar Edding (MM/DD/YYYY) Pal Yaar Ending (MM/DD/YYYY) Pal Yaar Ending (MM/DD/YYYY)< | due date for filing your | | see instruct | tions. | | | |
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| 2723 Patton Road - Roseville, MN 55113 Telephone No. 612-568-4003 Fax No. • If the organization does not have an office or place of business in the United States, check this box | | | | , | | | |
| Telephone No. 612-568-4003 Fax No. • If the organization does not have an office or place of business in the United States, check this box | | | - Ros | seville, MN 55113 | | | |
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| box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until May 15 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: | | | | | | | |
| 1 I request an automatic 6-month extension of time until May 15 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: | . г | | | | | | |
| the organization named above. The extension is for the organization's return for: | 1 I red | | | 05 | | | |
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| any nonrefundable credits. See instructions.3a\$0bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b\$0cBalance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by3b\$0 | 3a lf th | |) enter the | tentative tax less | | | |
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| estimated tax payments made. Include any prior year overpayment allowed as a credit.3b\$0cBalance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by | | | 9. enter an | refundable credits and | | Ψ | <u>,</u> |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by | | | | | 3b | \$ | 0. |
| | | | | | | | · |
| | | | | | 3c | \$ | 0. |

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

| Form | 990-T | E | Exempt Organization Business Inco | me Tax Return | า | OMB No. 1545-0047 |
|-----------------------|--|------------------|--|---------------------------------------|--------------|--|
| | | | (and proxy tax under section 603 | | | 0000 |
| | | For ca | endar year 2023 or other tax year beginning $\underbrace{JUL 1, 2023}_{}$, and end | | 24. | 2023 |
| Departm Internal I | ent of the Treasury Revenue Service | | Go to www.irs.gov/Form990T for instructions and the l Do not enter SSN numbers on this form as it may be made public if you | | | Open to Public Inspection for 501(c)(3) Organizations Only |
| Α | Check box if | | Name of organization (Check box if name changed and see instru | | D Em | ployer identification number |
| | address changed. | | | , | | |
| | mpt under section | Print | Every Meal | | _ | 80-0919680 |
| | 501(c)(3) | or Type | Number, street, and room or suite no. If a P.O. box, see instructions. | | E Gro (se | oup exemption number e instructions) |
| | 408(e) 220(e) | Type | 2723 Patton Rd | | 4 | |
| | 408A 530(a) 529(a) 529A | | City or town, state or province, country, and ZIP or foreign postal code Roseville, MN 55113 | | F | Check box if |
| | 525(a)529A | C Bo | | ,438,396. | ┦└ | an amended return. |
| G C | neck organization 1 | | X 501(c) corporation 501(c) trust 401(a) trust | Other trust |] State | college/university |
| . 01 | look organization (| Jbo | 6417(d)(1)(A) Applicable entity | |] 01410 | |
| H Cł | neck if filing only to | o claim | | 2439 Elective payme | ent amo | ount from Form 3800 |
| | | | ation filing a consolidated return with a 501(c)(2) titleholding corp | | | |
| J Er | nter the number of | attach | ed Schedules A (Form 990-T) | | | 1 |
| K Du | uring the tax year, | was the | e corporation a subsidiary in an affiliated group or a parent-subsid | diary controlled group? | | Yes X No |
| lf | "Yes," enter the na | ame an | d identifying number of the parent corporation | | | |
| | ne books are in car | | Rob Williams | Telephone number | 612- | 568-4003 |
| Part | | | d Business Taxable Income | | | |
| 1 | | | ess taxable income computed from all unrelated trades or busine | · · · · · · · · · · · · · · · · · · · | 1 | 0. |
| 2 | | | | | 2 | |
| 3 | Add lines 1 and 2 | | | | 3 | 0. |
| 4 | | | (see instructions for limitation rules) | | 4 | 0. |
| 5 | | | taxable income before net operating losses. Subtract line 4 from | | 5 | |
| 6 7 | | | ing loss. See instructions ess taxable income before specific deduction and section 199A o | | 6 | |
| ' | Subtract line 6 fro | | • | | 7 | |
| 8 | | | erally \$1,000, but see instructions for exceptions) | | | 1,000. |
| 9 | | | eduction. See instructions | | 9 | |
| 10 | | | lines 8 and 9 | | 10 | 1,000. |
| 11 | | | able income. Subtract line 10 from line 7. If line 10 is greater the | | 11 | 0. |
| Part | | | | ł | | |
| 1 | Organizations ta | xable | as corporations. Multiply Part I, line 11 by 21% (0.21) | | 1 | 0. |
| 2 | Trusts taxable at | t trust | rates. See instructions for tax computation. Income tax on the a | mount on | | |
| | Part I, line 11, from | m: 🗌 | Tax rate schedule or Schedule D (Form 1041) | | 2 | |
| 3 | Proxy tax. See in | struction | ons | | 3 | |
| 4 | | | instructions | | 4 | |
| 5 | | | | | 5 | |
| 6 | | | acility income. See instructions | | 6 | 0 |
| 7 Parl | t III Tax and | B throug Paym | gh 6 to line 1 or 2, whichever applies | | 7 | 0. |
| | | | wetiene ettech Ferrer 1110, travete ettech Ferrer 1110) | 10 | | |
| 1a b | Other credits (see | | -11 | 1a 1b | | |
| с С | • | | Attach Form 3800 (see instructions) | 10 1c | | |
| d | | | mum tax (attach Form 8801 or 8827) | 1d | | |
| e | | | 1a through 1d | | 1e | |
| 2 | | | rt II, line 7 | | 2 | 0. |
| 3a | Amount due from | | | 3a | | |
| b | Amount due from | Form | | 3b | | |
| с | Amount due from | Form | | 3c | | |
| d | Amount due from | Form | 8866 | 3d | | |
| е | Other amounts du | • | | 3e | | |
| f | | | lines 3a through 3e | | 3f | 0. |
| 4 | | | nd 3f (see instructions). | | | _ |
| | | | x amount here | | 4 | 0. |
| 5 | | | lity paid from Form 965-A, Part II, column (k) | | 5 | 0. |
| LHA | For Paperwork Re | eductio | on Act Notice, see instructions. 323701 11-20-23 5 ח | | | Form 990-T (2023) |

| Form 9 | 90-T (2023) | | | | F | ⁻ age 2 |
|--------|--|------------------------|-------------------------|---------------|-----|---------------------------|
| Part | III Tax and Payments (continued) | | | | | |
| 6 a | Payments: Preceding year's overpayment credited to the current year | <u>6a</u> | | | | |
| b | Current year's estimated tax payments. Check if section 643(g) election | | | | | |
| | applies | 6b | | | | |
| с | Tax deposited with Form 8868 | . 6c | | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | | | | | |
| е | Backup withholding (see instructions) | . 6e | | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 1 | | | | |
| g | Elective payment election amount from Form 3800 | . 6g | | | | |
| h | Payment from Form 2439 | . 6h | | | | |
| i | Credit from Form 4136 | . 6i | | | | |
| j | Other (see instructions) | | | | | |
| 7 | Total payments. Add lines 6a through 6j | | | 7 | | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | | | 8 | | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | | | 9 | | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over | paid | | 10 | | |
| _11 | Enter the amount of line 10 you want: Credited to 2024 estimated tax | | Refunded | 11 | | |
| Part | IV Statements Regarding Certain Activities and Other Informat | t ion (se | ee instructions) | | | |
| 1 | At any time during the 2023 calendar year, did the organization have an interest in or | r a signa [.] | ture or other authority | | Yes | No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the | organiza | ation may have to file | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th | e name o | of the foreign country | | | |
| | here | | | | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the gra foreign trust? | | | | | x |
| | If "Yes," see instructions for other forms the organization may have to file. | | | | | |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year | | \$ | | _ | |
| 4 | Enter available pre-2018 NOL carryovers here \$ Do not | include | any post-2017 NOL ca | arryover | | |
| | shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by | any ded | uction reported on Pa | rt I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2013 | 7 NOL ca | arryovers. Don't reduc | е | | |
| | the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo | or the tax | year. See instructions | 6. | | |
| | Business Activity Code | Av | ailable post-2017 NOL | _ carryover | | |
| | | \$ | | | | |
| | | \$ | | | | |
| | | \$ | | | | |
| | | \$ | | | | |
| 6 a | Reserved for future use | | | | | |
| b | Reserved for future use | <u></u> | ······ | <u></u> | | |
| Part | V Supplemental Information | | | | | |

Provide any additional information. See instructions.

| | | e examined this return, including accompanying r (other than taxpayer) is based on all informatio | | | ledge and belief, it is true, | | |
|----------|----------------------------|--|-----------|--------------|--|--|--|
| Here | | | President | | May the IRS discuss this return with the preparer shown below (see | | |
| | Signature of officer | Date Ti | tle | | instructions)? X Yes No | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check | if PTIN | | |
| Paid | Steven D. Anseth | , Steven D. Ans | eth, | self-employe | d | | |
| Preparer | . CPA | CPA | 12/19/24 | | P00552219 | | |
| Use Only | | | | Firm's EIN | 41-1397419 | | |
| eee enig | 5201 E | Eden Ave, Ste 250 | | | | | |
| | Firm's address Edina, | MN 55436 | | Phone no. | 952.835.9090 | | |
| | | | | | - 000 T (2000) | | |

323711 11-20-23

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

Open to Public Inspection for 501(c)(3) Organizations Only

| Α | Name of the organization Every Meal | | в | Employer identif $80 - 09196$ | | numbe | r | |
|---|---|--------|---|-------------------------------|---|-------|---|--|
| с | Unrelated business activity code (see instructions) | 531190 | D | Sequence: | 1 | of | 1 | |

E Describe the unrelated trade or business Building Rental

| Pa | t I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|----|---|----|------------|--------------|----------|
| 1a | Gross receipts or sales | | | | |
| b | Less returns and allowances c Balance | 1c | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form | | | | |
| | 1120)). See instructions | 4a | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | | | |
| с | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| | statement) | 5 | | | |
| 6 | Rent income (Part IV) | 6 | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | 39,113. | 103,138. | -64,025. |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Part VI) | 8 | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | |
| | organizations (Part VII) | 9 | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 | Advertising income (Part IX) | 11 | | | |
| 12 | Other income (see instructions; attach statement) | 12 | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 39,113. | 103,138. | -64,025. |

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| 1 | Compensation of officers, directors, and trustees (Part X) | | 1 | | |
|-------|--|----|----|--------|-----------------------|
| 2 | Salaries and wages | | | 2 | |
| 3 | Repairs and maintenance | | | 3 | |
| 4 | Bad debts | 4 | | | |
| 5 | Interest (attach statement). See instructions | 5 | | | |
| 6 | Taxes and licenses | | | 6 | |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | | 8b | |
| 9 | Depletion | | | 9 | |
| 10 | Contributions to deferred compensation plans | | | 10 | |
| 11 | Employee benefit programs | | | 11 | |
| 12 | Excess exempt expenses (Part VIII) | | | 12 | |
| 13 | Excess readership costs (Part IX) | | | 13 | |
| 14 | Other deductions (attach statement) | | | 14 | |
| 15 | Total deductions. Add lines 1 through 14 | 15 | 0. | | |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from | | | | |
| | column (C) | | | 16 | -64,025. |
| 17 | Deduction for net operating loss. See instructions | | | 17 | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | | | 18 | -64,025. |
| For F | Paperwork Reduction Act Notice, see instructions. | | | Schedu | e A (Form 990-T) 2023 |

LHA 323741 01-19-24

| Schedu Part | | | | | |
|---|---|---|--|---------------|--------|
| | Ile A (Form 990-T) 2023 II Cost of Goods Sold Enter met | hod of inventory valuation | an | | Page 2 |
| 1 | Inventory at beginning of year | | | 1 | |
| 2 | Purchases | | | | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement) | | | | |
| 5 | Other costs (attach statement) | | | | |
| 6 | Total. Add lines 1 through 5 | | | | |
| 7 | Inventory at end of year | | | | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter | | | | |
| 9 Dort | Do the rules of section 263A (with respect to property Rent Income (From Real Property and | | | | Yes No |
| Part | · · · · · · | | - | | |
| 1 | Description of property (property street address, city, s | state, ZIP code). Check i | l a dual-use. See instr | uctions. | |
| | в 🗌 | | | | |
| | c 🗌 | | | | |
| | D | | | | |
| | | A | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | | | | |
| b | From real and personal property (if the | | | | |
| | percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) | | | | |
| С | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| | ý č | · · · · | | | |
| | in lines 2a and 2b (attach statement) | | | | |
| | Total deductions. Add line 4, columns A through D. EVUnrelated Debt-Financed Income(s | ee instructions) | | | 0. |
| | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, d) | ee instructions) city, state, ZIP code). Cł | neck if a dual-use. See | | 0. |
| Part ' | Total deductions. Add line 4, columns A through D. EVUnrelated Debt-Financed Income (sDescription of debt-financed property (street address, a)A X2715Patton Road, Rosev | ee instructions) city, state, ZIP code). Cł | | | 0. |
| Part | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, a A X 2715 Patton B | ee instructions) city, state, ZIP code). Cł | neck if a dual-use. See | | 0. |
| Part | Total deductions. Add line 4, columns A through D. EVUnrelated Debt-Financed Income (sDescription of debt-financed property (street address, a)A X2715Patton Road, Rosev | ee instructions) city, state, ZIP code). Cł | neck if a dual-use. See | | 0. |
| Part | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, a (s A X 2715 Patton Road, Rosev B | ee instructions) city, state, ZIP code). Cł | neck if a dual-use. See | | 0. |
| Part | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, a (s A X 2715 Patton Road, Rosev B | ee instructions) city, state, ZIP code). Cf ille, MN 55 | neck if a dual-use. See 113 | instructions. | |
| Part ` 1 | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, a A X 2715 Patton Road, Rosev B | ee instructions) city, state, ZIP code). Ch i11e, MN 55 | neck if a dual-use. See 113 | instructions. | |
| Part ' 1 | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, a (s A X 2715 Patton Road, Rosev B | ee instructions) city, state, ZIP code). Cf ille, MN 55 | neck if a dual-use. See 113 | instructions. | |
| <u>Part '</u> 1 2 | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a 2715 Patton Road, Rosev) A X 2715 Patton Road, Rosev) B | ee instructions) city, state, ZIP code). Cf ille, MN 55 A 92,119. | neck if a dual-use. See 113 | instructions. | |
| Part 1 1 2 3 a | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, a A X 2715 Patton Road, Rosev B C | ee instructions) city, state, ZIP code). Cf 111e, MN 55 A 92,119. 3 54,799. | neck if a dual-use. See 113 | instructions. | |
| Part \ 1 2 3 a b | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or A X 2715 Patton Road, Rosev) B | ee instructions) city, state, ZIP code). Cf ille, MN 55 A 92,119. | neck if a dual-use. See 113 | instructions. | |
| Part 1 1 2 3 a | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a X 2715 Patton Road, Rosev) B | A 92,119. 3 54,799. 188,113. | neck if a dual-use. See 113 | instructions. | |
| Part) 1 2 3 a b c | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or A X 2715 Patton Road, Rosev) B | ee instructions) city, state, ZIP code). Cf 111e, MN 55 A 92,119. 3 54,799. | neck if a dual-use. See 113 | instructions. | |
| Part) 1 2 3 a b | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a X 2715 Patton Road, Rosev) B | A 92,119. 3 54,799. 188,113. 242,912. | neck if a dual-use. See 113 | instructions. | |
| Part) 1 2 3 a b c | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, a A X 2715 Patton Road, Rosev B | A 92,119. 3 54,799. 188,113. 242,912. | neck if a dual-use. See 113 | instructions. | |
| Part) 1 2 3 a b c 4 | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a X 2715 Patton Road, Rosev) B | A 92,119. 3 54,799. 188,113. 242,912. | neck if a dual-use. See 113 | instructions. | |
| Part) 1 2 3 a b c 4 | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, a A X 2715 Patton Road, Rosev B | A 92,119. 3 54,799. 188,113. 242,912. 11,474,815. 3,473,532. 42.459 % | neck if a dual-use. See 113 | instructions. | D |
| Part) 1 2 3 6 5 | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or A X 2715 Patton Road, Rosev) B | A 92,119. 3 54,799. 188,113. 242,912. 11,474,815. 3,473,532. | B B | instructions. | D |
| Part) 1 2 3 a b c 4 5 6 | Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or A X 2715 Patton Road, Rosev.) A X 2715 Patton Road, Rosev.) B | A 92,119. 3 54,799. 188,113. 242,912. 11,474,815. 3,473,532. 42.459% 39,113. | B B % | instructions. | D |
| Part) 1 2 3 6 7 8 | Total deductions. Add line 4, columns A through D. E. V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A X 2715 Patton Road, Rosev B | A 92,119. 3 54,799. 188,113. 242,912. 11,474,815. 3,473,532. 42.459% 39,113. | B B % | instructions. | D |
| Part) 1 2 3 6 7 8 9 | Total deductions. Add line 4, columns A through D. E. V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A X 2715 Patton Road, Rosev). B | A 92,119. 3 54,799. 188,113. 242,912. 11,474,815. 3,473,532. 42.459% 39,113. 0. Enter here and on Part | B B K K K K K K K K K K K K K K K K K K | instructions. | D |
| Part) 1 2 3 6 7 8 | Total deductions. Add line 4, columns A through D. E. V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A X 2715 Patton Road, Rosev B | A 92,119. 3 54,799. 188,113. 242,912. 11,474,815. 3,473,532. 42.459% 39,113. 26. Enter here and on Part | B B K K K K K K K K K K K K K K K K K K | instructions. | D |

| | | | | | | | | | | | | 1 |
|-------------------|--|---------------|--------------------------------|------------|------------------------|-----------|--------------------------------------|--------------|----------------------------|---------------------------------------|-------------|--------------------------------|
| | ule A (Form 990-T) 2023 VI Interest, Annu | | valties and R | onte Fro | m Contro | | rganization | S (a) | | tiono) | | Page 3 |
| Part | VI Interest, Annu | lilles, nu | byantes, and ne | | | | Exempt Control | , | ee instruct | | | |
| | 1. Name of controlle | d | 2. Employer | 3. Net | unrelated | | al of specified 5. Part of co | | <u> </u> | | 6. Deduc | tions directly |
| | organization | - | identification | | ne (loss) | | nents made | that is | s included | in the | | ected with |
| | | | number | (see ins | structions) | | | | olling orga s gross inc | | income | in column 5 |
| (1) | | | | | | | | | 0 | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | · · · · · | Controlled Or | <u> </u> | | | | | | |
| 7 | . Taxable Income | | Net unrelated | | otal of specif | | 10. Part of that is inc | | | 11. | | ns directly |
| | | | come (loss) e instructions) | pa | yments mad | e | controlling | organi | zation's | connected with income in column 10 | | |
| (4) | | (000 | | | | | gross | incom | ie | | | |
| (1) (2) | | | | | | | | | | | | |
| <u>(2)</u> (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| <u></u> | | | | | | | Add colum | nns 5 a | nd 10. | Ado | d columns | 6 and 11. |
| | | | | | | | Enter here | | , | | | d on Part I, |
| | | | | | | | line 8, c | olumn | (A). | | ine 8, colı | umn (B). |
| Totals | | | | | | | | | 0. | | | 0. |
| Part | | | of a Section 50 | 1(c)(7), (| 9), or (17) | Orgar | | | ructions) | | | |
| | 1. Desc | cription of i | ncome | | 2. Amou incon | | 3. Deductio | | | asides | | al deductions set-asides |
| | | | | | | | directly conne (attach stater | | (attach s | lateme | | cols 3 and 4) |
| (1) | | | | | | | - | | | | | |
| (1) (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (1) | | | | | Add amou | | | | | | Add | amounts in |
| | | | | | column 2 here and o | | | | | | | Imn 5. Enter and on Part I, |
| | | | | | line 9, colu | , | | | | | |), column (B). |
| Totals | | | | | | 0. | | | | | | 0. |
| Part | VIII Exploited E | xempt A | ctivity Income | , Other T | han Adve | ertising | g Income (| see in | structions |) | | |
| 1 | Description of exploite | ed activity: | | | | | | | | | | |
| 2 | Gross unrelated busin | ess incom | e from trade or busi | ness. Ente | r here and o | n Part I, | line 10, colum | n (A) | | 2 | | |
| 3 | Expenses directly con | | • | | | | | | | | | |
| | line 10, column (B) | | | | | | | | | 3 | | |
| 4 | Net income (loss) from | | | | | | | | | | | |
| _ | lines 5 through 7 | | | | | | | | | 4 | | |
| 5 | Gross income from ac | | | | | | | | | 5 6 | | |
| 6 7 | Expenses attributable Excess exempt expen | | | | | | | | | | | |
| ' | 4. Enter here and on F | | | | | | | | | 7 | | |
| | T. LINGI HEIE AND ON F | aren, inte | | | | | | | | | | |

Schedule A (Form 990-T) 2023

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| | ule A (Form 990-T) 2023 | | | | Page 4 |
|-------|---|-----------------------------------|----------------------|-----------------|--------------------|
| Part | IX Advertising Income | | | | |
| 1 | Name(s) of periodical(s). Check box if reporting | g two or more periodicals on a c | onsolidated basis | | |
| | A | | | | |
| | в | | | | |
| | c 🗌 | | | | |
| | D | | | | |
| Enter | amounts for each periodical listed above in the c | orresponding column. | | | |
| | | Α | В | С | D |
| 2 | Gross advertising income | | | | |
| | Add columns A through D. Enter here and on I | Part I, line 11, column (A) | | | 0. |
| а | | | | | |
| 3 | Direct advertising costs by periodical | | | | |
| а | Add columns A through D. Enter here and on I | Part I, line 11, column (B) | | | 0. |
| | | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from line | e | | | |
| | 2. For any column in line 4 showing a gain, | | | | |
| | complete lines 5 through 8. For any column in | | | | |
| | line 4 showing a loss or zero, do not complete | | | | |
| | lines 5 through 7, and enter -0- on line 8 | | | | |
| 5 | Readership costs | | | | |
| 6 | Circulation income | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | |
| | line 5, subtract line 6 from line 5. If line 5 is les | s | | | |
| | than line 6, enter -0- | | | | |
| 8 | Excess readership costs allowed as a | | | | |
| | deduction. For each column showing a gain or | n | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the gre | eater of the line 8a columns tota | al or -0- here and o | n | |
| | Part II, line 13 | | | | 0. |
| Part | X Compensation of Officers, Dire | ectors, and Trustees (se | e instructions) | | |
| | | | | 3. Percentage | 4. Compensation |
| | 1. Name | 2. Title | | of time devoted | attributable to |
| | | | | to business | unrelated business |
| (1) | | | | % | |
| (2) | | | | % | |
| (3) | | | | % | |
| (4) | | | | % | |
| | | | | | |
| | Enter here and on Part II, line 1 | | | | 0. |
| Part | XI Supplemental Information (see | e instructions) | | | |
| | | | | | |
| | | | | | |
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323732 01-19-24

Schedule A (Form 990-T) 2023

1

| Form 990-T (A) Part V - Unrelated Debt-Financed I Average Acquisition Debt | ncome | Statement 1 |
|--|-------------------------|--|
| Description of Debt-Financed Property | Activity Number 1 | Amount of Outstanding Debt |
| Beginning first month Beginning second month Beginning third month Beginning fourth month Beginning fifth month Beginning sixth month Beginning seventh month Beginning eighth month Beginning tenth month Beginning tenth month Beginning twelfth month | Ţ | 0. 0. 0. 0. 0. 2,623,000. 2,623,000. 903,000. 901,788. 899,910. 898,190. |
| Total of All Months Number of Months in Year | | 8,848,888. |
| Average Acquisition Debt | | 1,474,815. |
| Totals to Form 990-T, Schedule A, Part V, Line 4 Form 990-T (A) Part V - Unrelated Debt-Financed I Average Adjusted Basis | ncome | Statement 2 |
| Description of Debt-Financed Property | Activit Number | Y Amount |
| Average adjusted basis of property held on first day Average adjusted basis of property held on last day o | of year | 3,507,634. 3,439,430. |

80-0919680

Average adjusted basis of property for the year

Total to Form 990-T, Schedule A, Part V, Line 5

3,473,532.

| Every Meal | | | | 80-0919680 |
|----------------------|---------------------|--------------------|---------|-------------|
| Form 990-T (A) | Part V - Depreciat: | ion Deductio | n | Statement 3 |
| Description | | Activity Number | Amount | Total |
| Depreciation | - Subtotal - | 1 | 54,799. | 54,799. |
| Total of Form 990-T, | Schedule A, Part V, | Line 3(a) | | 54,799. |
| Form 990-T (A) | Part V - Other | Deductions | | Statement 4 |

| Description | Activity Number | Amount | Percent allocable | Allocable Total |
|---------------------------------|--------------------|-----------|----------------------|--------------------|
| Contracted services | | 9,070. | | |
| Utilities | | 3,770. | | |
| Office supplies | | 148. | | |
| Equipment expense | | 38. | | |
| Repairs and maintenance | | 20,636. | | |
| Insurance | | 6,443. | | |
| Interest expense | | 94,865. | | |
| Other operating expenses | | 53,143. | | |
| - Subtotal - | 1 | 188,113. | 1.00 | 188,113. |
| Total of Form 990-T, Schedule 2 | A, Part V, | Line 3(b) | | 188,113. |



Alternative Minimum Tax-Corporations

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

2023

| Nam | e | | | | Employ | er identifica | tion number |
|--------|---|-------------|-------------------------|--------------------|----------|---------------|-------------|
| | Every Meal | | | | 8 | 0-0919 | 9680 |
| Α | Is the corporation filing this form a member of a controlled group treated as a single | employ | er under sections 59(k) | (1)(D) and 52? | [| Yes | X No |
| | If "Yes," the corporation must complete Part V listing the names, EINs, and | d separ | ate company financia | d | | | |
| | statement income or loss for each member of the controlled group treated | as a si | ngle employer taken i | into | | | |
| | account in the determination of "applicable corporation" under section 59(| k)(1)(D) | | | | | |
| В | Is the corporation filing this form a member of a foreign-parented multinational grou | ıp (FPM | G) within the meaning o | f section 59(k)(2) | (B)? | Yes | X No |
| | If "Yes," the corporation must complete Part V listing the names, EINs, and statement income or loss for each member of the FPMG under section 59(| - | | l | | | |
| | art I Applicable Corporation Determination (Report all arr | , , , , , , | | | | | |
| | | | | Part I and contir | ue to Pa | art II | |
| | If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part (a) First Preceding (b) Second Preceding (| | | | | | Precedina |
| | | | Year Ended | Year End | • | • • | Ended |
| | | | | | | | |
| 1 | Net income or loss per applicable financial statement(s) (AFS) (see inst): | | | | | | |
| ' a | Consolidated net income or loss per the AFS of the corporation | 1a | | | | | |
| b | Include AFS net income or loss of other includible entities (add | 10 | | | | | |
| D. | · · · · · · · · · · · · · · · · · · · | 1b | | | | | |
| ~ | net income and subtract net loss) Exclude AFS net income or loss of excludible entities (add net | | | | | | |
| С | loss and subtract net income) | 1c | | | | | |
| d | Adjustment for certain consolidating entries (see instructions) | 1d | | | | | |
| u e | Specified additional net income or loss item B. Reserved for future use | 1e | | | | | |
| f | AFS net income or loss of all entities in the test group before | IE | | | | | |
| | | 1f | | | | | |
| 2 | adjustments. Combine lines 1a through 1d | - " | | | | | |
| | | 2a | | | | | |
| a b | Financial statements covering different tax years Corporations that are not included on the taxpayer's consolidated | <u></u> | | | | | |
| D. | return (see instructions) | 2b | | | | | |
| с | Pro-rata share of net income from controlled foreign corporations for | 20 | | | | | |
| U | which the corporation is a U.S. shareholder. If zero or less, enter -0- | | | | | | |
| | (see instructions for special rules if completing this form for an FPMG) | 2c | | | | | |
| Ь | Amounts that are not effectively connected to a U.S. trade or business | 20 | | | | | |
| u | (see instructions for special rules if completing this form for an FPMG) | 2d | | | | | |
| е | Certain taxes (see instructions) | 2e | | | | | |
| f | Patronage dividends and per-unit retain allocations (cooperatives only) | 2f | | | | | |
| g | Alaska native corporations | 2g | | | | | |
| 9 h | Certain credits (see instructions) | 2h | | | | | |
| i | Mortgage servicing income | 2i | | | | | |
| i | Tax-exempt entities (organizations subject to tax under section 511) | 2j | | | | | |
| , k | Depreciation | 2k | | | | | |
| Т | Qualified wireless spectrum | 21 | | | | | |
| m | | 2m | | | | | |
| n | Adjustments related to bankruptcy and insolvency | 2n | | | | | |
| o | Certain insurance company adjustments | 20 | | | | | |
| р | Adjustment P - Reserved for future use | 2p | | | | | |
| q | Adjustment Q - Reserved for future use | 2q | | | | | |
| r | Adjustment R - Reserved for future use | 2r | | | | | |
| s | Adjustment S - Reserved for future use | 2s | | | | | |
| z | Other (see instructions) | 2z | | | | | |
| 3 | Specified adjustment. Reserved for future use | 3 | | | | | |
| 4 | Total adjustments. Combine lines 2a through 2z | 4 | | | | | |
| 5 | AFSI. Combine lines 1f and 4 | 5 | | | | | |
| 6 | AFSI of first, second, and third preceding tax years. Combine columns (a) | | ld (c) of line 5 | - | 6 | | |
| 7 | 3-year average annual AFSI (see instructions) | | | | 7 | | |

LHA For Paperwork Reduction Act Notice, see separate instructions.

2023.05010 EVERY MEAL

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| Form 4 | 626 (2023) | | | | Page 2 |
|--------|--|----------------|---------------------|------------------|-----------------|
| Part | Applicable Corporation Determination (Report all amou | ints in U.S. | dollars.) (continue | d) | |
| 8 | Is line 7 more than \$1 billion? | | · | , | |
| | Yes. Continue to line 9. | | | | |
| | No. STOP here and attach to your tax return. | | | | |
| 9 | Is the corporation a member of an FPMG within the meaning of section 5 | 9(k)(2)(B)? | | | |
| | Yes. Continue to line 10. | | | | |
| | No. Continue to Part II. | r | | 1 | |
| | | | (a) | (b) | (c) |
| | | | First Preceding | Second Preceding | Third Preceding |
| | | | Year Ended | Year Ended | Year Ended |
| | | | | | |
| 10 | AFSI for purposes of the \$100 million test before adjustments: | | | | |
| | AFSI from line 5 | | | | |
| b | Aggregation differences (see instructions) | 10b | | | |
| С | Total AFSI for purposes of the \$100 million test before adjustments. | | | | |
| | Combine lines 10a and 10b | 10c | | | |
| 11 | Adjustments: | | | | |
| | Income not effectively connected to a U.S. trade or business | 11a | | | |
| b | Pro-rata share of CFC net income described in section 56A(c)(3) | | | | |
| | (attach worksheet) (see instructions) | | | | |
| С | Reserved for future use - Other adjustments 1 | | | | |
| d | Reserved for future use - Other adjustments 2 | | | | |
| 12 | Total adjustments. Combine lines 11a and 11b | 12 | | | |
| 13 | Total AFSI for purposes of the \$100 million test. Combine lines | | | | |
| | 10c and 12 | | | | |
| 14 | AFSI of first, second, and third preceding tax years. Combine columns (a | a), (b), and (| (c) of line 13 | | |
| 15 | | | | 15 | |
| 16 | Is line 15 \$100 million or more? | | | | |
| | Yes. Continue to Part II. | | | | |
| | No. STOP here. Attach to your tax return. | | | | |

| | 4626 (2023) | | Page 3 |
|----|--|--------------|-------------------------|
| Pa | rt II Corporate Alternative Minimum Tax | | |
| 1 | Net income or loss per applicable financial statement(s) (AFS) (see instructions): | | |
| а | Consolidated net income or loss per the AFS of the corporation | 1a | -65,025. |
| b | Include AFS net income or loss of other includible entities (add net income and subtract net loss) | . 1 b | |
| с | Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) | | |
| d | Adjustment for certain consolidating entries (see instructions) | | |
| е | Specified additional net income or loss item D. Reserved for future use | | |
| f | AFS net income or loss before adjustments. Combine lines 1a through 1d | 1f | -65,025. |
| 2 | Adjustments: | | |
| а | Financial statements covering different tax years | 2a | |
| b | Reserved for future use - Adjustment 2b | 2b | |
| с | Corporations that are not included on the taxpayers - consolidated return (see instructions) | 2c | |
| d | The corporation's distributive share of adjusted financial statement income of partnerships | 2d | |
| е | Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. | | |
| | shareholder. If zero or less, enter -0 (See instructions) | | |
| f | Amounts that are not effectively connected to a U.S. trade or business | 2 f | |
| g | Certain taxes. Enter the amount from Part III, line 7 | | |
| h | Patronage dividends and per-unit retain allocations (cooperatives only) | 2h | |
| i | Alaska native corporations | 2 i | |
| j | Certain credits (see instructions) | 2 j | |
| k | Mortgage servicing income | 2k | |
| I | Covered benefit plans described in section 56A(c)(11)(B) | | |
| m | Tax-exempt entities (organizations subject to tax under section 511) | 2m | |
| n | Depreciation | 2n | |
| 0 | Qualified wireless spectrum | 20 | |
| р | Covered transactions | 2p | |
| q | Adjustments related to bankruptcy and insolvency | 2q | |
| r | Certain insurance company adjustments | 2r | |
| S | AFSI adjustment S - Reserved for future use | 2s | |
| t | AFSI adjustment T - Reserved for future use | 2t | |
| u | AFSI adjustment U - Reserved for future use | 2u | |
| z | Other (see instructions) | 2z | |
| 3 | Total adjustments. Combine lines 2a through 2z | | |
| 4 | AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 | | -65,025. |
| 5 | Financial statement net operating loss (FSNOL) (see instructions) | | |
| 6 | AFSI. Subtract line 5 from line 4. If zero or less, enter -0- | | |
| 7 | Multiply line 6 by 15% (0.15) | 7 | |
| 8 | Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) | | |
| 9 | Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-) | | |
| 10 | Regular tax liability (see instructions) | 10 | |
| 11 | Base erosion minimum tax (see instructions) | 11 | |
| 12 | Combine lines 10 and 11 | 12 | |
| 13 | Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form | | |
| De | 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | 13 | |
| | rt III Adjustment for Certain Taxes Under Section 56A(c)(5) | | |
| 1 | Current income tax provision - Foreign | 1 | |
| 2 | Current income tax provision - Federal | 2 | |
| 3 | Deferred income tax provision - Foreign | 3 | |
| 4 | Deferred income tax provision - Federal | 4 | |
| 5 | Income taxes included in equity method investment income | | |
| | Adjustment A - Reserved for future use | 6a | |
| | Adjustment B - Reserved for future use | 6b | |
| | Adjustment C - Reserved for future use | 6c | |
| | Adjustment D - Reserved for future use | 6d | |
| | Adjustment E - Reserved for future use | 6e | |
| | Adjustment F - Reserved for future use | 6f | |
| - | Adjustment G - Reserved for future use | 6g | |
| | Adjustment H - Reserved for future use | 6h | |
| _ | Income taxes in other places | 6z | |
| _7 | Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g | 7 | Form 4626 (2002) |

| Form | 4626 (2023) | | | | Page 4 | | |
|------|---|--------------|-----|----|---------------|--|--|
| Pa | Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit | | | | | | |
| Sec | tion I - AMT Foreign Tax Credit | | | | | | |
| 1 | Domestic corporation AMT foreign income taxes: | | | | | | |
| а | Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, | | | | | | |
| | Part I, column 2(j) | . 1a | | | | | |
| b | Adjustment | 1b | | | | | |
| с | Adjustment | 1c | | | | | |
| d | Adjustment | 1d | | | | | |
| е | Adjustment | 1e | | | | | |
| f | Adjustment | 1f | | | | | |
| g | Adjustment | 1g | | | | | |
| 2 | Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g $$. | | | 2 | | | |
| 3 | Allowable controlled foreign corporation (CFC) AMT foreign income taxes: | | | | | | |
| а | Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line | | | | | | |
| | 11, column (n) | . <u>3</u> a | | | | | |
| b | Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) | 3b | | | | | |
| С | Total CFC AMT foreign income taxes. Add lines 3a and 3b | | | 3c | | | |
| d | Percentage specified in section 55(b)(2)(A)(i) | . <u>3d</u> | 15% | | | | |
| е | Pro-rata share of CFC net income described in section 56A(c)(3) (attach | | | | | | |
| | worksheet) (see instructions) | . 3e | | | | | |
| f | CFC AMT foreign tax credit limitation (multiply line 3d by line 3e) | | | 3f | | | |
| g | | | | | | | |
| 4 | | | | | | | |
| 5 | CAMT FTC Line 5 - Reserved for future use | | | 5 | | | |
| 6 | Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, | line 8 | | 6 | | | |

Form 4626 (2023)