** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

A F	or the	2023 calendar year, or tax year beginning JUL 1, 2023 and	ending ਹਾ	UN 30, 2024		
	heck if oplicable	C Name of organization		D Employer identifi	cation number	
X	Addres	Meals of Joy				
	Name change			47-2668533		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	 r	
	Final return/	555 E Plaza Circle	2	623-594-9588		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	614,644.	
	Amend return	Littemileid Faik, AZ 05540		H(a) Is this a group re	eturn	
	Application	F Name and address of principal officer: Daily Celvalien		for subordinates	? Yes X No	
	pendin	same as C above		H(b) Are all subordinates in	ncluded? Yes No	
<u> 1 T</u>	ax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions	
	/ebsit			H(c) Group exemption	n number	
		organization: X Corporation Trust Association Other	L Year	of formation: 2014	M State of legal domicile: AZ	
Pa		Summary				
Ф		Briefly describe the organization's mission or most significant activities: Meals of		hances the life		
Governance	-	quality of vulnerable seniors and veterans by addressing foo				
ern		Check this box if the organization discontinued its operations or dispos	ed of more	ı	I	
νοκ				3	10	
		Number of independent voting members of the governing body (Part VI, line 1b)			9	
ies		Fotal number of individuals employed in calendar year 2023 (Part V, line 2a)			6 87	
Activities &		Fotal number of volunteers (estimate if necessary)			0.	
Ac		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.	
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year	
	0	Contributions and grants (Part VIII. line 1b)		243,014.	308,546.	
ine		Contributions and grants (Part VIII, line 1h)		234,831.	286,392.	
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,080.	565.	
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		479,925.	595,503.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		114,529.	142,201.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		20,500.	17,500.	
per			279.			
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		342,939.	406,779.	
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		477,968.	566,480.	
	19	Revenue less expenses. Subtract line 18 from line 12		1,957.	29,023.	
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year	
sets	20	Fotal assets (Part X, line 16)		34,337.	121,079.	
t As d B	21	Fotal liabilities (Part X, line 26)		20,840.	78,559.	
	22	Net assets or fund balances. Subtract line 21 from line 20		13,497.	42,520.	
	rt II	Signature Block				
		ties of perjury, I declare that I have examined this return, including accompanying schedules		· · · · · · · · · · · · · · · · · · ·	/ knowledge and belief, it is	
true,	correct	and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer			
	-	Signature of officer			2024	
Sigr	L	·		Date		
Her	•	Larry Cervarich, Founder Type or print name and title				
			Ιr	Date Check	PTIN	
Deia		Print/Type preparer's name Preparer's signature Preparer's signature	1	.0/17/2024 if	<u> </u>	
Paid	ŀ	Total Co. Situa	N	self-employ		
Prep	- 1		Firm's EIN 86-0558065			
Use	Ulliy	Firm's address 1365 North Scottsdale Road, Suite 300 Scottsdale, AZ 85257		Phone no.602	-277-9449	
May	the ID	S discuss this return with the preparer shown above? See instructions		I FIIOHE NO. 002	X Yes No	

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Par	t III Statement of Program Service Accom	olishments		
	Check if Schedule O contains a response or note to	o any line in this Part III		
1	Briefly describe the organization's mission:			
	Meals of Joy enhances the life quality of			
	veterans by addressing food insecurities,			
	lonliness to help our aging population liv	e a healthy, active li	fe.	
2	Did the organization undertake any significant program s			
				Yes X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significa	nt changes in how it conducts	, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishment	nents for each of its three large	est program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required	to report the amount of grant	s and allocations to others, the total e	xpenses, and
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$	<u>286,392.</u>)
	To provide meals for senior citizens - ser	ved 32,907 meals in FY	24.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	<u> </u>
16	(Code:) (Expenses ©	morading grants of ϕ	/ (πενεπαε ψ	
	,			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses	478,185.		
				Form 990 (2023)

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Form 990 (2023) Meals of Joy
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	, ,	_		x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		_
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
10-				
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	16 D. C. D.	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		

Form	990 (2023) Meals of Joy 47-26685	33	Р	age 4
Pa	rt 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			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	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	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
30		36		x
07	If "Yes," complete Schedule R, Part V, line 2	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
De	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		Щ
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

332004 12-21-23

(gambling) winnings to prize winners?

Form 990 (2		_			47-2668533	3	Pa	age 5
Part V	Statements Regarding	ng Other	r IRS Filings and Tax Compliance	(continued)				
					_		Yes	No

			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	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. <u>4a</u>		Х
D	If "Yes," enter the name of the foreign country	-		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		х
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	, , , , , , , , , , , , , , , , , , , ,			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
0a		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
_	Gross income from members or shareholders 11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNone			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - 623-594-9588			
	555 E Plaza Circle C, Litchfield Park, AZ 85340			

Form **990** (2023)

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

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

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

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

more than \$10,000 of reportable compensation in	om the organiz	alion and any related or	ganizations.		
See the instructions for the order in which to list the	ne persons ab	ove.			
Check this box if neither the organization no	or any related	organization compensate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)	(D)	(E)	(F)
Name and title	Average	Position	Reportable	Reportable	Estimate

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	la a a	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e e	Suedic		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	yee yee	_	1039-NEO)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Larry Cervarich	40.00	_	_		_	1 0				
Founder		Х		х				28,197.	0.	0.
(2) Cynthia Knaut	1.00									
Member (Resigned 6/2024)		Х						1,875.	0.	0.
(3) Jim Frey	3.00									
President		Х		Х				0.	0.	0.
(4) Bill Kinney	1.00									
Vice President		Х		Х				0.	0.	0.
(5) John Pugsley	1.00									
Member		Х						0.	0.	0.
(6) Jaime Ryum	1.00									
Member		Х						0.	0.	0.
(7) Mike McNally	1.00									
Member		Х						0.	0.	0.
(8) Jeannette Barsky	1.00									
Member		Х						0.	0.	0.
(9) Brian Day	1.00									
Member		Х						0.	0.	0.
(10) Jill Aker	1.00									
Member (Resigned 11/2023)		Х						0.	0.	0.
(11) Steve Thimjon	1.00									
Secretary/Treasurer		Х		Х				0.	0.	0.
(12) Kamal Charef	1.00									
Member		Х						0.	0.	0.
			_			_				
		•	_	_	_	_	•			

Form 990 (2023)
Part VII Secti Page 8 Meals of Joy 47-2668533

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	Hig	gnes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	١,,		Pos				Reportable	Reportable		Estimat	ed
	hours per					than c s both		compensation	compensation		amount	
	week					r/trust		from	from related		othe	
	(list any	ctor						the	organizations		compens	ation
	hours for	r dire				pe:		organization	(W-2/1099-MISC	/	from th	ne
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organiza	tion
	organizations	Itrus	nal tr		oyee	d wo		1099-NEC)			and rela	ted
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizat	ions
	line)	pul	Inst	0ŧ	Key	Hig	균			_		
										+		
										+		
										+		
										_		
										\top		
										_		
1b Subtotal					<u> </u>			30,072.		0.		0.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								30,072.		0.		0.
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable			
compensation from the organization												0
										_	Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for si	uch individual									. L	3	Х
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	nsa	tion	and	oth	er compensation from the	ne organization			
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual		L	4	Х
5 Did any person listed on line 1a receive or a	,		•									
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on .				.	5	Х
Section B. Independent Contractors	•											
1 Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comper	nsatio	on from	
the organization. Report compensation for t	the calendar ye	ear e	ndin	ıg w	ith c	or wit	hin	the organization's tax ye	ear.			
(A) Name and business	addross							(B) Description of s	orvicos	Co	(C) mpensation	nn.
Deli Quench, LLC	audiess						_	Description of s	ei vices		препзан	
12631 S 175th Ave, Goodyear, AZ 85338	3							Meal Preparation			241	,060.
Z I/JOH M.O, GOOG/CGI, MZ 05550	-						Ť	II-oparacton			211	,
							_					
							\dashv					
							4					

Form **990** (2023)

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

\$100,000 of compensation from the organization

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47-2668533

Form 990 (2023) Meals of Jo Part VIII Statement of Revenue

			Check if Schedule O contain	ns a respon	se o	or note to any line	e in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts										
ij d			Membership dues			70,905.				
fts,			Fundraising events			70,303.				
ig di			Related organizations							
ns,			Government grants (contribution							
er i		Ť	All other contributions, gifts, grants,			227 641				
현된			similar amounts not included above			237,641.				
d d		_	Noncash contributions included in lines 1a-	1f 1g \$			202 546			
<u>0 g</u>		h	Total. Add lines 1a-1f				308,546.			
						Business Code				
9	2	а	Meals purchased		_	624210	286,392.	286,392.		
e <u>v</u> i		b			_					
Sen		С			_					
am eve		d			_					
Program Service Revenue		е			_					
P		f	All other program service revenu	ıe						
		g	Total. Add lines 2a-2f				286,392.			
	3		Investment income (including di							
			other similar amounts)							
	4		Income from investment of tax-e							
	5		Royalties	=	-					
	_			(i) Real		(ii) Personal				
	6	а	Gross rents 6a	.,		. ,				
			Less: rental expenses 6b							
			Rental income or (loss) 6c							
			Net rental income or (loss)							
			` '	` '		(ii) Other				
	′	а		(i) Occurrent	,,,	(ii) Other				
			assets other than inventory 7a							
		b	Less: cost or other basis							
ng			and sales expenses							
š			Gain or (loss) 7c							
her Revenue			Net gain or (loss)							
je	8	а	Gross income from fundraising even							
δ			including \$ 70,9	05. of						
			contributions reported on line 10	·						
			Part IV, line 18		8a	19,706.				
		b	Less: direct expenses		8b	19,141.				
		С	Net income or (loss) from fundra	ising event	s		565.			565.
	9	а	Gross income from gaming activ	ities. See						
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
			Net income or (loss) from gamin							
	10	а	Gross sales of inventory, less re	turns						
			and allowances		10a					
		b	Less: cost of goods sold		10b					
			Net income or (loss) from sales of							
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Business Code				
sno	11	а								
Miscellaneous Revenue	••	b			_					
er Ver		C			_					
Sce			All other revenue		_					
Ξ										
		e	Total Add lines 11a-11d				595,503.	286,392.	0.	565.
	12		Total revenue. See instructions				3,3,303.	1 200,332.	ı	٠ ٠ ٠ ٠

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47-2668533

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 to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 28,197 2,256. trustees, and key employees 23,967. 1,974. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 101,284. 79,618. 10,974. 10,692. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 12,720. 10,176. 1,272 1,272. 10 Payroll taxes Fees for services (nonemployees): Management а Legal 15,465. 15,465 Accounting Lobbying 17,500. 17,500. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 32,069 29,866 1,664 539. column (A), amount, list line 11g expenses on Sch O.) 4,050 3,744 153 153. Advertising and promotion 12 26,463. 20,394. 2,258. 3,811. 13 Office expenses Information technology 14 Royalties 15 25,266. 17,944. 3,661 3,661. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 1,717. 1,373. 172 172. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Meal program expense 271,682. 271,682. b d 30,067 19,421 5,423 5,223 All other expenses 45,279. 566,480 478,185 43,016 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

47-2668533 Meals of Joy Page **11**

Form 990 (2023)
Part X Balance Sheet

Part	١٨	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this	Part X(A)	T T	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	29,356.	1	54,602
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	10,000
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, direct	ctor,		
		trustee, key employee, creator or founder, substantial contributor, or	r 35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as def	ined		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges	2 050	9	4,673
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,131.	15	51,80
	16	Total assets. Add lines 1 through 15 (must equal line 33)	34,337.	16	121,079
	17	Accounts payable and accrued expenses	17,625.	17	17,680
	18	Grants payable		18	
	19	Deferred revenue		19	11,41
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule		21	
ي	22	Loans and other payables to any current or former officer, director,			
<u>i</u>		trustee, key employee, creator or founder, substantial contributor, o	r 35%		
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related this	rd		
		parties, and other liabilities not included on lines 17-24). Complete F	Part X		
		of Schedule D	0.	25	49,459
	26	Total liabilities. Add lines 17 through 25	20,840.	26	78,559
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	13,497.	27	42,520
Ba	28	Net assets with donor restrictions		28	
<u> </u>		Organizations that do not follow FASB ASC 958, check here			
<u>.</u>		and complete lines 29 through 33.			
SO	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other fund	I	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	13,497.	32	42,520
	33	Total liabilities and net assets/fund balances		33	121,079

Form 990 (2023) Meals of Joy 47-2668533 Page **12**

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		595,	503.
2	Total expenses (must equal Part IX, column (A), line 25)	2		566,	480.
3	Revenue less expenses. Subtract line 2 from line 1	3		29,	023.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		13,	497.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		42,	520.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
-			Form	990	(2023)

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

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

Open to Public Inspection

OMB No. 1545-0047

			of Joy						47-2668533
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	Ш	A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	ılly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general _l	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	Щ	A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
	77	university:							
10	X	An organization that norma							
		activities related to its exen	· ·	•					•
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Col	•			! F (20(-)(4)		
11	\mathbb{H}	An organization organized a	•	•	•				numacoo of one or
12		An organization organized a	•	•	•			-	•
		more publicly supported or lines 12a through 12d that	-						Sheck the box on
		Type I. A supporting orga	• •					-	aivina
á	•	the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-			
		organization. You must o			majority c	n the direc	iors or trustee	23 01 1110 30	аррогинд
k	, _	Type II. A supporting org			ion with its	s supporte	ed organization	n(s) by hav	vina
		control or management o	•				-		-
		organization(s). You mus						,	
	, [Type III functionally inte			in connect	tion with, a	and functionall	y integrate	ed with,
		its supported organization						, 0	•
(i 🗌	Type III non-functionally		•				ted organi:	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
•	, [Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.			
1	Ente	er the number of supported o	organizations						
		vide the following information			(i) la tha assa				I (8)
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	Support (See III	Structions)	support (see instructions)
Tot	al								

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Schedule A (Form 990) 2023 Meals of Joy 47-2668533 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax reversues levied for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Called and the support of called a support supported organization in the subset of support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Support subsettiles 5 ten like 4. Section B. Total Support 5 ten like 5 ten like 4. Section B. Total Support 5 ten like 6	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any "unusual grants.") 2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, selested inc of trons line 4 8 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from inerest, dividends, payments received on securities loans, rents, royalties, and income from ismilar sources 9 Net income from ismilar sources 9 Net income from ismilar sources 9 Net income from line dealth is sources activities, whether or not the business activities, whether or not the business is regularly carried on the business is regularly carried on the business in city of the property. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 Sa 31/3% support test - 2022. If the organization did not check to box on line 13, flad, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization did not check a box on line 13, flad, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circum	1	Gifts, grants, contributions, and						
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and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the								
 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the 	b		-			l line 15 is 33 1/3%	or more, check th	is box
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		· · · · · · · · · · · · · · · · · · ·						
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	17a							
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		•		•	•	•	VI how the organiz	zation
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the			-	•		-		
	b		-					10% or
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·						
AS BY A COUNTY OF THE PROPERTY		-		-	• •	•		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

Schedule A (Form 990) 2023 Meals of Joy 47-2668533 Page **3**

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		, 				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	59,000.	149,751.	207,136.	243,014.	308,546.	967,447.
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	157,349.	200,150.	217,382.	234,831.	286,392.	1,096,104.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	216,349.	349,901.	424,518.	477,845.	594,938.	2,063,551.
	Amounts included on lines 1, 2, and	,	,	,	=:/,====	,,	_, - , ,
, ,	3 received from disqualified persons		26,200.	78,000.	79,600.	70,000.	253,800.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b		26,200.	78,000.	79,600.	70,000.	253,800.
	Public support. (Subtract line 7c from line 6.)						1,809,751.
	ction B. Total Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	216,349.	349,901.	424,518.	477,845.	594,938.	2,063,551.
10a	dross 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						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	34,112.					34,112.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	, 1					, <u>, , , , , , , , , , , , , , , , , , </u>
13	Total support. (Add lines 9, 10c, 11, and 12.)	250,461.	349,901.	424,518.	477,845.	594,938.	2,097,663.
14	First 5 years. If the Form 990 is for th	e organization's firs	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3) organizatio	n,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Perc	entage			<u> </u>	
15	Public support percentage for 2023 (li	ne 8, column (f), div	vided by line 13, co	olumn (f))		15	86.27 %
	Public support percentage from 2022					16	85.83 %
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f))		17	.00 %
	Investment income percentage from 2					18	.00 %
19a	a 33 1/3% support tests - 2023. If the						
L	more than 33 1/3%, check this box an 33 1/3% support tests - 2022. If the						X
ĸ	line 18 is not more than 33 1/3%, chec						iu
20	Private foundation If the organization		•	•		-	H

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Schedule A (Form 990) 2023

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
J.		
3b		
3c		
4a		
4b		
4c		
70		
5a		
5b		
5c		
6		
7		
8		
J		
9a		
9b		
9с		
10a		
10h		
10b	000\	

Т..

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	.) <u>.</u>		
a .	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	netruction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	istraction	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	·	,		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional)			(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	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see			

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023 Meals of Joy 47-2668533 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	Section 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 exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	S	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 (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) 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				
<u>a</u>	From 2018				
<u>b</u>	b From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>_i</u>	Carryover from 2018 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	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				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

1	Meals of Joy	47-2668533		
Organization type (chec	k one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
• •	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.		
•	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling my one contributor. Complete Parts I and II. See instructions for determining a contributor	•		
Special Rules				
sections 509(a)(contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, aring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$				
answer "No" on Part IV, I	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	•		
For Paperwork Reduction	Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)		

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

47-2668533

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Nume, address, and Zir + 4	\$\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	Total contributions \$ 14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
4	Name, address, and ZIP + 4	* \$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	raine, audi ess, anu zir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)	Page 2
Name of organization	Employer identification number
Meals of Joy	47-2668533

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- - \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	Total contributions 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions - \$ 35,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 11	Name, address, and ZIP + 4	Total contributions 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Nume, addi 035, and Eif T T	- \$ \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)	Page 2
Name of organization	Employer identification number
Meals of Joy	47-2668533

Part I	Contributors (see instructions). Use duplicate copies of Part I if a		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

47-2668533

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

	ganization			Employer Identification nu	
Part III		through (e) and the following line	e entry. For orga	47-2668533 c)(7), (8), or (10) that total more than \$1,000 for the inizations ear. (Enter this info. once.)	
	Use duplicate copies of Part III if additional	space is needed.			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of	f gift		
	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Trans		sfer of gift Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of	f gift		
_	Transferee's name, address, and ZIP + 4		Rel	ationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-					
	Transferee's name, address, a	(e) Transfer of		ationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

Meals of Joy

Employer identification number 47 - 2668533

Pai			or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir		(h) Funda and ather accounts		
	-	(a) Donor advised funds	(b) Funds 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	-			
•	are the organization's property, subject to the organization's				
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	, , ,			
Pai		ganization answered "Ves" on Form 990			
1	Purpose(s) of conservation easements held by the organizati		artiv, inte 7.		
•	Preservation of land for public use (for example, recrea		f a historically important land area		
	Protection of natural habitat	· —	f a certified historic structure		
	Preservation of open space	T TOOG VALION O	Ta continua motorio di actare		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last		
_	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
			l l		
С	Number of conservation easements on a certified historic str		0-		
	Number of conservation easements included on line 2c acqu				
	on a historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re				
	year				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements i	t holds?	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year		
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h			
9	In Part XIII, describe how the organization reports conservation	•			
	balance sheet, and include, if applicable, the text of the foots	note to the organization's financial statem	ents that describes the		
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Ot	har Similar Assats		
ı aı	Complete if the organization answered "Yes" on Form		niei Oliillai Assets.		
			and halance about works		
ıa	If the organization elected, as permitted under FASB ASC 95	•			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public				
h	service, provide in Part XIII the text of the footnote to its final				
ь	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.	exhibition, education, or research in furti	ierance of public service,		
			¢		
	(i) Revenue included on Form 990, Part VIII, line 1		•		
2	If the organization received or held works of art, historical tre	easures or other similar assets for financia			
_	the following amounts required to be reported under FASB A		a gani, provide		
a	Revenue included on Form 990, Part VIII, line 1	-	\$		
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023		

332051 09-28-23

Meals of Joy <u> Page</u> **2** Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the No organization by: (i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (R))				0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 Meals of Joy			47-2668533	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
(1)	. ,			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	T	
	Description		(b) Book v	
(1) Deposits				2,675.
(2) Operating lease right of use			+	49,129.
(3)			+	
(4)				
(5)			+	
(6)			+	
<u>(7)</u>			+	
<u>(8)</u> (9)			+	
Total. (Column (b) must equal Form 990, Part X, line 15, col	(B))			51,804.
Part X Other Liabilities Complete if the organization answered "Yes"	on Form 000 Dort IV line	11a or 11f Saa Form 000 Dort V line 0	·5	
(a) Description of liability	on Form 990, Part IV, line	The or Till. See Form 990, Part A, line 2	(b) Book v	alue
			(b) Book v	alue
(1) Federal income taxes (2) Operating lease liability			+	49,459.
(3)			+	,
(4)			+	
(5)			+	
(6)			1	
(7)			1	
(8)			1	
(9)			1	
Total. (Column (b) must equal Form 990, Part X, line 25, col	(B))			49,459.
, , , , , , , , , , , , , , , , , , ,	· ***			_

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

Schedule D (Form 990) 2023

Par	t XI Reconciliation of Revenue per Audited Financial S	Statements With Re	evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	609,903.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities		14,400.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е				2e	14,400.
3	Subtract line 2e from line 1			3	595,503.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		4a		-	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	Statemente With E	vnonce nor E	5 Coturn	595,503.
Pai	rt XII Reconciliation of Expenses per Audited Financial		xpenses per r	return	
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 12a.			500 000
1				1	580,880.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	14 400		
a	Donated services and use of facilities		14,400.	-	
b	Prior year adjustments			-	
C	Other losses			-	
d	· · · · · · · · · · · · · · · · · · ·	·			14 400
	Add lines 2a through 2d			2e	14,400. 566,480.
3	Subtract line 2e from line 1			3	300,400.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1			
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	,			10	0.
	Add lines 4a and 4b			4c 5	566,480.
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information	ne 18.)] 3	300,100.
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid : X, Line 2:	*		; Part X, line	2; Part XI,
Mana	agement has evaluated the tax positions taken or expect	ed to be taken,			
if a	any, on its exempt organization filings, and the likeli	hood that upon			
exam	nination those positions would be sustained. Based on t	he results of			
this	s evaluation, management believes there are no uncertai	n tax positions.			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

47-2668533 Meals of Joy Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations X Solicitation of non-government grants X Internet and email solicitations X Solicitation of government grants X Phone solicitations X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Everyone, Inc. - 13575 W. Yes No Monte Vista Rd., Goodyear, AZ Х Grant Solicitation 104,350 17,500 86,850. 104,350 17,500. 86 850. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. ΑZ

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

Schedule G (Form 990) 2023

See Part IV for continuations

Meals of Joy Schedule G (Form 990) 2023 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events None (add col. (a) through Top Golf col. (c)) (event type) (total number) (event type) 85,339. 5,272. 90,611. 1 Gross receipts 68,995. 1,910. 70,905. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 16,344. 3,362. 19,706. 4 Cash prizes 5 Noncash prizes Direct Expenses 7,355. 7,355. 6 Rent/facility costs 7 Food and beverages 2,600. 2,600. 8 Entertainment 5,077. 5,030. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 15,032. 4,674. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

332082 09-13-23 Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 Meals of Joy	47-2668533 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the a	mount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
17 Mandatory distributions:a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license?	······
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen organization's own exempt activities during the tax year \$	t III tile
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (iii)	and Part III lines 0 0h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	vy, and rait iii, lines 9, 90, 100,
Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:	
(i) Name of Fundraiser: Everyone, Inc.	
(i) Address of Fundraiser: 13575 W. Monte Vista Rd., Goodyear, AZ 85395	

Schedule G	G (Form 990)	Meals of Joy	47-2668533	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)		

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.

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Meals of Joy	47-2668533
Form 990, Part I, Line 1, Description of Organization Mission:	
insecurities, social isolation and lonliness to help our aging	
population live a healthy, active life.	
Form 990, Part VI, Section A, line 8b:	
The Organization does not have any committees with authority to act on	
behalf of the governing body.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 is reviewed by the Founder and Office Manager.	
Form 990, Part VI, Section B, Line 12c:	
Each board member is required to complete a conflict of interest form	
annually and disclose any conflicts. These forms are reviewed by	
management.	
Form 990, Part VI, Section B, Line 15a:	
The Board of Directors determines the compensation of the Founder.	
Form 990, Part VI, Section C, Line 19:	
The Organization makes its governing documents, conflict of interest policy	
and financial statements available upon request.	

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

Schedule O (Form 990) 2023

Form **8868**

(Rev. January 2024)

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

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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 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. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 47-2668533 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 555 E Plaza Circle, C return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Litchfield Park, AZ 85340 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of The Organization 555 E Plaza Circle C - Litchfield Park, AZ 85340 Telephone No. 623-594-9588 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . 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. , 20 25 I request an automatic 6-month extension of time until $$\,^{\rm May}\ 15$$, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 JUL 1 , 20 ²³ , and ending JUN 30 , 2024 」 tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс