Department of the Treasury

Internal Revenue Service

Extended to November 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



A F	or th	e 2022 calendar year, or tax year beginning and	ending				
B Check if applicable: C Name of organization D Employer identification number							
	Addre	MEND - Meet Each Need With Dignity					
	Name	e Doing business as 23-730			5337		
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number			
	Final			818-896-			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,514,829.		
	Amer	Pacolina, CA 91551		H(a) Is this a group re			
	Appli tion pend			for subordinates			
	-	same as C above		H(b) Are all subordinates in	cluded? Yes No		
		empt status: 🔀 501(c)(3) 🛄 501(c) () (insert no.) 🛄 4947(a)(1) d	or 🛄 527	1	list. See instructions		
	Vebsi			H(c) Group exemption			
		f organization: X Corporation Trust Association Other	L Year (of formation: 1976	State of legal domicile: CA		
Ра	rt I	Summary	·				
e	1	Briefly describe the organization's mission or most significant activities: A11		duals and I	amilies		
าลท		served by MEND flourish for generations t					
Governance	2	Check this box if the organization discontinued its operations or dispose			sets. 9		
Ő	3	Number of voting members of the governing body (Part VI, line 1a)			9		
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		72			
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		528			
Activities &	6	Total number of volunteers (estimate if necessary)		0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			Current Year		
				5,438,992.	11,253,960.		
iue	8	Contributions and grants (Part VIII, line 1h)		47,198.	97,991.		
Revenue	9	Program service revenue (Part VIII, line 2g)		10,170.	33,566.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,631.	66,340.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,506,991.	11,451,857.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,830,285.	6,911,047.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0,911,047.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,418,328.	2,839,656.		
ses	15	Professional fundraising face (Part IX, column (A), line 11c)		0.	0.		
Expenses	10a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 470, 38	80.	••	••		
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		588,161.	1,234,450.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,836,774.	10,985,153.		
	19	Revenue less expenses. Subtract line 18 from line 12		-329,783.	466,704.		
or es	13		Be	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		10,657,374.	11,056,762.		
Ass I Ba	21	Total liabilities (Part X, line 26)		234,319.	242,464.		
Net -unc	22	Net assets or fund balances. Subtract line 21 from line 20		10,423,055.	10,814,298.		
Pa	irt II	Signature Block		,,	.,,		
		alties of periury. I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief it is		

true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Janei Marinaccio		09/28/2023						
Sign	Signature of officer		Date						
Here	Janet Marinaccio, Chief E	xecutive Officer							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	Oswaldo D. Torres, CPA		self-employed P02465082						
Preparer	Firm's name Harrington Group,	CPAs, LLP	Firm's EIN 95-4557617						
Use Only	Firm's address 2698 Mataro Stree	t							
	Pasadena, CA 91107 Phone no. (626) 403-680								
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No						
232001 12-	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

Form	MEND - Meet Each Need With Dignity	23-7306337 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	With dignity and respect, MEND's mission is to meet the	immediate
	needs of individuals and families and increase their ac	cess to
	opportunities that strengthen their capacity to thrive.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 7,517,203. including grants of \$ 6,533,625.) (Rever	nue\$ 97,991.)
	Community Nourishment Programs: This group of services	includes a food
	pantry (direct services to community), food bank (distr	ibution through
	faith and community-based agencies), Buen Provecho Farm	er's Market
	(unlimited fresh produce) and Little Health Store. In t	he year ending
	December 31, 2022, these programs distributed approxima	tely 3,162,000
	LBS of food, enabling food insecure people to consume a	
	2,635,000 meals. About 268,000 individuals were served	
	approximately 134,000 were children. MEND also celebrat	
	by distributing board games to families and hosting a s	
	the Table brunch for those of our clients who are homel	
	and/or alone.	
4h	(Code:) (Expenses \$ 2,389,111. including grants of \$ 377,422.) (Rever)
40	Here We Thrive is an umbrella for several services, chi	ef among them:
	First Step services for the unhoused, Living Wise + Wel	
	older adults, Pathways to Wellness (helping participant	
	health behaviors), Gateways Employment Services (work r	
	placement) and Connections provides referrals & help wi	
	resources. Hope & Care outreach services provide the co	
	additional help. Finally, MEND also offers multiple sup	
	meet the everyday needs of community members including	
	qualify for rental/utility assistance, CalFresh, diaper	
	help with essentials & access to annual in-house tax pr	
	neip with essentials a access to annual in nouse tax pi	
4c	(Code:) (Expenses \$ including grants of \$) (Rever)
40	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 9,906,314.	
23200	2 12-13-22	Form 990 (2022)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		- 23
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,		v	
	Part VI	11a	Х	
b	5	446		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20-	complete Schedule G, Part III	19 20a		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

232003 12-13-22

Form 990 (2022)	Form	990	(2022)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 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	250		- 23
20	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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 non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
05 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		<u></u>
b	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22	Form	990 ((2022)

23-7306337 Page 5

Form **990** (2022)

Form	form 990 (2022) MEND - Meet Each Need With Dignity 23-730633				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 72				
	,		x		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		x	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<u></u>	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30			
τu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x	
b	 If "Yes," enter the name of the foreign country 				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
_	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section $170(c)$.	7-	х		
a L	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70	- 23		
Ŭ	to file Form 8282?	7c		x	
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					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8					
-	sponsoring organization have excess business holdings at any time during the year? N/A	8			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0-			
a h	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a 9b			
ь 10	Section 501(c)(7) organizations. Enter:	อม			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders N/A 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.) 11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40-			
а	5 1 1 	13a			
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
D	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	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		X	
	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		X	
-	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.

X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No q 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 9 **b** Enter the number of voting members included on line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ **10a** Did the organization have local chapters, branches, or affiliates? 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done 12c Χ 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 17 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) available for public inspection. Indicate how you made these available. Check all that apply.

for public inspection. Indicate how you made these available. Check all that ap

Another's website

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	Scott Mikels - 818-896-0246

10641 San Fernando Road, Pacoima, CA 913	3	,	1	ĺ
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232006 12-13-22

Part VII	Co	ompensation of Officers, Directors, Trustees, Key Employee	es,	Highest Compensated
	Em	nployees, and Independent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any	<u> </u>						from the	from related organizations	other compensation
	hours for	direct				D.		organization	(W-2/1099-MISC/	from the
	related	tee or	trustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ul trus	nal tru		loyee	ompe		1099-NEC)		and related
	below	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	- u	lns	15	Ř	en <u>H</u> ic	Б			
(1) Janet Marinaccio	40.00			x				163,243.	0.	11,605.
Chief Executive Officer (2) Chanya Blumenkrantz	40.00			<u>^</u>				103,243.	0.	11,005.
(2) Chanya Blumenkrantz Chief Development Officer	40.00			x				142,031.	0.	12,011.
(3) Scott Mikels	40.00							142,031.	0.	12,011.
Chief Financial Officer	40.00			x				116,754.	0.	8,015.
(4) Jenny Gutierrez	40.00							110,751.	Ŭ.	0,015.
Chief Operating Officer				x				121,625.	0.	0.
(5) Maria Jimenez	40.00									
Managing Director Program Strategy						x		103,000.	0.	0.
(6) Robert Rawitch	1.00							,		
Chair		x		x				0.	0.	0.
(7) Janice Boafo	1.00									
Vice Chair		X		X				0.	0.	0.
(8) Sally Turner	1.00									
Board Member/Sec. (trans 2/22)		Х		Х				0.	0.	0.
(9) Fred Ruopp, Jr.	1.00									
Treasurer (end 12/22)		Х		Х				0.	0.	0.
(10) Steve Brown	1.00									
Board Member		Х						0.	0.	0.
(11) Alex Hemmelgam	1.00									
Board Member		х						0.	0.	0.
(12) Jason Horstman	1.00									
Board Member	1 00	X						0.	0.	0.
(13) Manoj K. Mathew	1.00	.,								0
Board Member	1 00	X						0.	0.	0.
(14) Margo Messina	1.00							0		0
Board Member (start 2/22)	1.00	X						0.	0.	0.
(15) David Jones	1.00	x						0.	0.	0.
Board Member (end 11/22) (16) Gabi Perez	1.00	<u> </u> ▲						0.	0.	0.
(16) Gabi Perez Board Member (end 11/22)	1.00	x						0.	0.	0.
(17) Ron Villafana	1.00							0.	0.	0.
Board Member	1.00	x						0.	0.	0.
POALA HEIIDET		1 22						0.	0.	- 000 (1111)

232007 12-13-22

Form 990 (2022)

	990 (2022) MEND – Me								<u> </u>	23-73	306	337	Pa	age 8
Par			oloy	ees,			ghe	st C					(-)	
	(A) Name and title	(B) Average hours per week	box,	not cl , unles	heck ss pei	ition ^{more} rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizat d relat anizatio	e ion ed
с	Subtotal Total from continuation sheets to Part VI	I, Section A							646,653. 0. 646,653.		0.0.0.		1,6 1,6	0.
	Total (add lines 1b and 1c) Total number of individuals (including but n								-	l),000 of reportabl	-		±,0	_
	compensation from the organization												Yes	5 No
	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	,	,	,	•	,	,	Ŭ	hest compensated emp	,		3		X
	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4	Х	
	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	iccrue comper	isati	ion f	rom	any	unr			idual for services		5		x
	tion B. Independent Contractors									* • • • • • • • • • •				
	Complete this table for your five highest co the organization. Report compensation for								the organization's tax		pens			
	(A) Name and business	address	NC	ONE	2			_	(B) Description of s	services	С	(C omper		n
								_						
								_						
	Total number of independent contractors (ii \$100,000 of compensation from the organized statement of the organized statement of the statement	-	ot lir	nite	d to		se lis)	sted	above) who received n	nore than				

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			Check if Schedule O	con	itains	a respor	nse (or note to any lin	e in this Part VIII			
								,	(A)	(B)	(C)	(D)
									Total revenue	Related or exempt		Revenue excluded
										function revenue	business revenue	from tax under sections 512 - 514
SO												0001010012 011
int			Federated campaigns									
2 S D			Membership dues									
An A			Fundraising events					187,227.				
Gif İlar		d	Related organizations			1d						
in.		е	Government grants (conti	ribu	tions)	1e		1,977,950.				
rior S		f	All other contributions, gifts,	grar	nts, an	d						
the			similar amounts not included	l abo	ove	1f		9,088,783.				
2 E		a	Noncash contributions included in					6,870,411.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f			<u>J</u> +			11,253,960.			
		<u></u>						Business Code	, , -			
	•	_	Program Services					900099	97,991.	97,991.		
/ice			Tiogram bervices				-	500055	57,551.	57,551.		
ne		b					_					
Program Service Revenue		С					_					
lrar Yev		d					_					
log		е					_					
đ		f	All other program service	rev	enue]					
		g	Total. Add lines 2a-2f						97,991.			
	3		Investment income (inclue									
								·	31,399.			31,399.
	4		Income from investment of						,			, <u> </u>
	5		Royalties			•	•					
	5				1	(i) Real		(ii) Personal				
	~	_	0		_	.,	61					
			Gross rents		-	62,80	_					
			Less: rental expenses	6k	_		0.					
			Rental income or (loss)	60		62,8	_					
			Net rental income or (loss	;) <u></u>	· · · · · · · · ·				62,864.			62,864.
	7	а	Gross amount from sales of		(i)	Securitie	es	(ii) Other				
			assets other than inventory	7a	a			5,000.				
		b	Less: cost or other basis									
en			and sales expenses	7t	5			2,833.				
ther Revenue		с	Gain or (loss)		-			2,167.				
Re			Net gain or (loss)					-	2,167.			2,167.
e			Gross income from fundraisi						,			,
oth	Ŭ		including \$	-		·						
Ŭ			contributions reported on		-	_						
			•				0-	60,139.				
			Part IV, line 18				8a					
			Less: direct expenses			F	8b	60,139.	0			
			Net income or (loss) from			т г	ts I		0.			
	9	а	Gross income from gamin									
			Part IV, line 19				9a					
			Less: direct expenses			F	9b					
		С	Net income or (loss) from	gar	ning a	activities						
	10	а	Gross sales of inventory,	less	s retu	ms						
			and allowances				10a					
		b	Less: cost of goods sold				10b					
			Net income or (loss) from			-	y					
			() ••				<u> </u>	Business Code				
Miscellaneous Revenue	11	2	Other income					900099	3,476.			3,476.
ne		a b					-		2,2.0.			
ella ver							-					<u> </u>
Re		C					-					<u> </u>
Ē			All other revenue				_		2 485			
		е	Total. Add lines 11a-11d			<u></u>			3,476.			
	12		Total revenue. See instruction	ons					11,451,857.	97,991.	0.	99,906.

232009 12-13-22

Form 990 (20) **Part VIII**

022)) MEND	_	Meet	Each	Need	With	Dignity
	Statement of Rever	านด	•				

Part IX Statement of Functional Expenses

MEND - Meet Each Need With Dignity

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

D-	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,879,731.	2,879,731.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	4,031,316.	4,031,316.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	575,284.	73,889.	315,880.	185,515
6	Compensation not included above to disqualified	,	,		•
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,918,267.	1,711,295.	89,596.	117,376
8	Pension plan accruals and contributions (include	_,,_,	_,,2,3,		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	147,482.	127,251.	13,365.	6,866
9 10		198,623.	140,827.	34,141.	23,655
	Payroll taxes	150,025.	140,027.	54,141.	25,055
11	Fees for services (nonemployees):				
	Management	962.		962.	
		19,000.		19,000.	
	Accounting	1,000.		17,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	o				
g	Other. (If line 11g amount exceeds 10% of line 25,	208,019.	148,741.	34,115.	25 163
	column (A), amount, list line 11g expenses on Sch O.)	57,726.	55,076.	54,115.	25,163 2,650
12	Advertising and promotion	353,555.	272,136.	47,706.	33,713
13	Office expenses	555,555.	272,130.	47,700.	33,713
14	Information technology				
15	Royalties	132,893.	118,611.	6,358.	7 0 2 4
16	Occupancy		-	0,330.	7,924
17	Travel	66,889.	66,889.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			7 1 C 0	9 1 6 0
22	Depreciation, depletion, and amortization	239,007.	224,669.	7,169.	7,169
23	Insurance	51,580.	21,254.	29,674.	652
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Fundraising	58,324.			58,324
b	Repairs and maintenance	37,307.	25,913.	10,102.	1,292
с	Equipment	9,188.	8,716.	391.	81
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,985,153.	9,906,314.	608,459.	470,380
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

232010 12-13-22

	MEND	_	Meet	Each	Need	With	Dignity
Sheet							

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,171,599.	1	1,427,924.
	2	Savings and temporary cash investments			0.	2	561,081.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			252,238.	4	845,378.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
its	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			279,485.	8	317,492.
×	9	Prepaid expenses and deferred charges			76,821.	9	64,223.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,017,690.			
	b	Less: accumulated depreciation	10b	3,681,947.	6,571,108.	10c	6,335,743.
	11	Investments - publicly traded securities			2,306,123.	11	1,504,921.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	10,657,374.	16	11,056,762.		
	17	Accounts payable and accrued expenses		234,319.	17	242,464.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form					
oilit		trustee, key employee, creator or founder, subst					
Lial		controlled entity or family member of any of thes		F		22	
_	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated		F		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		-		05	
	26	of Schedule D Total liabilities. Add lines 17 through 25			234,319.	25 26	242,464.
	20	Organizations that follow FASB ASC 958, che		e X	201/0100	20	212,1010
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			10,123,727.	27	10,379,525.
Bal	28	Net assets with donor restrictions			299,328.	28	434,773.
pu		Organizations that do not follow FASB ASC 9			,		
μ		and complete lines 29 through 33.	,				
s or	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or eq				30	
Ast	31	Retained earnings, endowment, accumulated in		F		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	10,423,055.	32	10,814,298.
_	33	Total liabilities and net assets/fund balances			10,657,374.	33	11,056,762.

, 000, 762. Form **990** (2022)

Form 990 (2022)

 Part X
 Balance

Form	990 (2022) MEND - Meet Each Need With Dignity	23-'	7306337	7 Ра	age 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	11,45									
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,98									
3	Revenue less expenses. Subtract line 2 from line 1	3			704.							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,42	23,0)55. 161.							
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	10,81	L4,2	298.							
Pa	Part XII Financial Statements and Reporting											
Check if Schedule O contains a response or note to any line in this Part XII												
				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 Schedul	e O.										
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	X								
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,										
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X								
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O										
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the											
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	t									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b									
					(0000)							

Form **990** (2022)

SCHE	DULE A		Dublic Che						OMB No. 1545-0047	
(Form 9	90)			Charity Status and Public Support 20		2022				
			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							
	of the Treasury	Attach to Form 990 or Form 990-EZ. Open to			Open to Public					
Internal Reve			Go to www.irs.gov/	Form990 for instructio	ns and the	e latest in	formation.			
Name of	the organizati			1 1	_ '				identification number	
Dert	Decem			ch Need With					3-7306337	
Part I				(All organizations must o				IS.		
. –		•		(For lines 1 through 12, o		,				
				on of churches describe		on 170(b)(⁻	1)(A)(i).			
2				(Attach Schedule E (Forr						
3				anization described in s						
4 📖			ation operated in co	onjunction with a hospita	I describe	d in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,	
-	city, and stat	-						weit else suit		
5 📖	0			ollege or university owne	d or opera	ited by a g	overnmental	unit describ	bed in	
e 🗌			Complete Part II.)	mantal unit described in	opotion 1	70/6//4//4	6.0			
6				mental unit described in antial part of its support				ho gonoral	nublic described in	
/ 11			omplete Part II.)	antial part of its support	nom a gov	ennenta		ne general		
8				(1)(A)(vi). (Complete Par	+ 11)					
9				in section 170(b)(1)(A)		ed in conii	inction with a	land-grant	college	
5				culture (see instructions)						
	university:		grant concept of agric				y, and state o	r the colleg		
10	,	on that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons members	hin fees ar	nd aross receipts from	
				ct to certain exceptions;						
				e (less section 511 tax) fr						
			mplete Part III.)	· (J	,	
11 🗌				sively to test for public sa	afety. See	section 50)9(a)(4).			
12	•	•	-	sively for the benefit of, t	•			arry out the	e purposes of one or	
	more publicly	supported or	ganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). C	Check the box on	
	lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	on and con	nplete line	s 12e, 12f, an	d 12g.		
a	Type I. A si	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving	
	the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting	
	organizatio	n. You must c	complete Part IV, S	ections A and B.						
b	Type II. A s	upporting org	anization supervise	d or controlled in connec	tion with i	ts support	ed organizatio	on(s), by ha	iving	
	control or n	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
c	Type III fur	nctionally inte	grated. A supportir	ng organization operated	in connec	tion with,	and functiona	Ily integrate	ed with,	
_	its support	ed organizatio	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.			
d	Type III no	n-functionally	y integrated. A supp	porting organization oper	rated in co	nnection v	vith its suppo	rted organi	zation(s)	
			•	zation generally must sa			•	d an attent	iveness	
	- ·	-		mplete Part IV, Section						
e 🗆		-		written determination fro			а Туре I, Туре	II, Type III		
				onally integrated support	ing organi	zation.				
	er the number	••	•							
	vide the followi (i) Name of supp		n about the support (ii) EIN	ed organization(s).	(iv) Is the ora	anization listed	(v) Amount of	fmonetany	(vi) Amount of other	
	organization			(described on lines 1-10	in your govern	ing document?	support (see ir	-	support (see instructions	
	0			above (see instructions))	Yes	No		,		
					1					

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22

Schedule A (Form 990) 2022 MEND - Meet Each Need With Dignity 23-7306337 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,523,134.	8,929,577.	10,238,116.	5,438,992.	11,253,960.	45,383,779.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9,523,134.	8,929,577.	10,238,116.	5,438,992.	11,253,960.	45,383,779.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						45,383,779.
	ction B. Total Support						10,000,770,
-	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	9,523,134.	8,929,577.	10,238,116.	5,438,992.	11,253,960.	45,383,779.
	Gross income from interest,	- , , •	-,,	,,	-,	,,	,,,
0	dividends, payments received on						
	-						
	securities loans, rents, royalties,	19,678.	58,791.	31,880.	27,503.	94,263.	232,115.
•	and income from similar sources	19,070.	50,751.	51,000.	27,505.	54,205.	252,115.
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					2 176	2 176
	assets (Explain in Part VI.)					3,476.	3,476.
	Total support. Add lines 7 through 10						45,619,370.
	Gross receipts from related activities,		,			12	145,189.
13	First 5 years. If the Form 990 is for th	•	rst, second, third, f	fourth, or fifth tax y	year as a section 5	501(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publ						00 19
	Public support percentage for 2022 (I					14	99.48 %
	Public support percentage from 2021					15	99.28 %
16a	33 1/3% support test - 2022. If the c	-					
	stop here. The organization qualifies						
k	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17 a	10% -facts-and-circumstances tes	t - 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported o	organization		
k	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circl	umstances test. Th	ne organization qua	alifies as a publicly	/ supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s

Schedule A (Form 990) 2022

232022 12-09-22

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(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.)

Galendary year (or fiscal year beginning in membership foes received. (On not include any 'unusual grants.') (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total membership foes received. (On not include any 'unusual grants.') 2 Gross receipts from admissions, merchandse sold or services perform and collities further sold to the organization's tax-exempt purpose 3 and the paid to the organization's tax-exempt purpose and the paid to the organization's tax-exempt purpose 3 Gross receipts from admitter paid to or expended on its behaff and either paid to or expended to the organization's tax-exempt purpose and either paid to or expended to its behaff and either paid to or expended to its behaff 5 The value of services or facilities furnished by a governmental unit to the organization without charge and the paid to receive of the organization's tax-exempt purpose and the paid to receive of the organization without charge and the paid to receive of the organization without charge and the paid to receive of the organization without charge and the paid to receive of the organization without charge and the organization without charge and the paid to receive of the organization without charge and the organization without charge and the paid to receive of the organization without charge and the organization without char	_
membership fees received. (Do not include any 'unusual grants.')	
include any "unusual grants.") Image: Construction of the second register of the second reg	
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merchandise sold or services performed, or facilities functions tax exempt purpose Image: constraint of the services of the organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Image: constraint of the services of the organization's tax exempt purpose 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Image: constraint of the organization without charge 5 The value of services of facilities Image: constraint of the organization without charge 6 Total. Add lines 1 through 5 Image: constraint of the organization without charge b Anounts included on lines 1, 2, and 3 received from disqualified persons that exceeder the grade of \$3,000 r to of the anount on the 13 to the year Image: constraint of the organization without charge c Add lines 1 for and the year Image: constraint of the organization without charge Image: constraint of the set 6 Total. Add lines 1 through 5 Image: constraint of the set Image: constraint of the set c Add lines 1 for through 5 Image: constraint of the set Image: constraint of the set c Add lines 1 for the set Image: constraint of the set Image: constraint of the set d Add lines 10 and 10b Image: constraint of the set Imag	
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3 received from disqualified persons	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Image: Construction of the construction	
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activities not included on line 10b, whether or not the business is regularly carried on	
whether or not the business is regularly carried on	
12 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years	
14 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	
15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage	90
17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 18	%
19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not	70
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	=
232023 12-09-22 Schedule A (Form 990) 20	2022

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22

			Yes	No
1	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		
90	ction B. Type I Supporting Organizations			
			Yes	N
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)			

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Sac	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the 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.
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported

Sec	Section C. Type in 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					

	Alon D. Min Type in edipporting organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the yearsee instructions).
	onoon the box noxt to the method that the organization about to batte	

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.

Section D All Type III Supporting Organizations

Schodulo A (Earm 000) 2022

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

За

Yes No

23-7306337 Daga F

1

2

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Illy integrate	d Type III supporting org	anization (see

1

Schedule A (Form 990)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through F

232026 12-09-22

instructions).

Schedule A (Form 990) 2022

2022	MEND -	Meet	Each	Need	With	Dignity

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

		ach Need With			3-7306337 _{Pag}
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(contine}	ued)	
Sect	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	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	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
-	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
v	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, <i>explain in</i>				

20

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 MEND - Meet Each Need With Dignity 23-7306337 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II, Short Year Explanation:
In 2021, the Organization changed from a fiscal year reporting period,
July 1st - June 30th, to a calendar year reporting period, thus
reporting the final 6 months of 2021 - July-December - in the short
year report.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2022

Name of the organizat	Employer identification number	
	MEND - Meet Each Need With Dignity	23-7306337
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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	
, 0	tion is covered by the General Rule or a Special Rule. i01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule. See instructions.
General Rule		
-	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to n any one contributor. Complete Parts I and II. See instructions for determining a contr	
Special Rules		
sections 509	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 1 luring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount	6b, and 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 ______\$_

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

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

MEND - Meet Each Need With Dignity

Employer identification number

23-7306337

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Amazon Fresh Person Payroll 6245 Topanga Canyon Blvd 336,486. X Noncash \$ (Complete Part II for Woodland Hills, CA 91367 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Costco - Pacoima Person Payroll 308,505. 13550 Paxton St Noncash X (Complete Part II for Pacoima, CA 91331 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Food Forward Wholesale X Person Payroll 7412 Fulton Ave, Suite 3 2,818,852. Noncash X (Complete Part II for North Holywood, CA 91605 noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 LA Regional Food Bank Х Person Pavroll 1734 East 41st St 1,038,474. Noncash X (Complete Part II for Los Angeles, CA 90058 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Trader Joes X Person Payroll 17640 Burbank Blvd X 366,023. Noncash (Complete Part II for Encino, CA 91316 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 7 U.S. Dept. of the Treasury X Person Pavroll 1500 Pennsylvania Avenue 409,264. Noncash \$ (Complete Part II for Washington , DC 20220 noncash contributions.)

223452 11-15-22

Schedule B (Form 990) (2022)

MEND - Meet Each Need With Dignity

Employer identification number

23-7306337

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Westside Infant Network 5601 West Slauson Ave Ste 220 Culver City, CA 90230	\$518,105.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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 noncash contributions.)

223452 11-15-22

MEND - Meet Each Need With Dignity Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

Employer identification number

23-7306337

(c)

Schedule B (Form 990) (2022)

(a) No. (b)

	(Form 990) (2022)			Page					
Name of org	anization			Employer identification number					
MEND -	Meet Each Need With D:	ignity		23-7306337					
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in s							
	from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, characteristic control of the control of t	aritable, etc., contributions of \$1,000 or I	ry. For organizations ess for the year. (Enter this info. on	ce.) \$					
(a) No.	Use duplicate copies of Part III if additional s	pace is needed.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held					
.									
-									
	I	(e) Transfer of gif	t I						
-	Transferee's name, address, an	d ZIP + 4	Relationship of tran	sferor to transferee					
-									
		[
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held					
·									
·									
	(e) Transfer of gift								
	Transferee's name, address, an		Relationship of tran	sforar to transfora					
(a) No. from				intion of how with in hold					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held					
-									
·									
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4	Relationship of tran	sferor to transferee					
-									
· · · · ·									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held					
Part I									
.									
⊢		(e) Transfer of gif	t I						
	Transferee's name, address, an	d ZIP + 4	Relationship of tran	sferor to transferee					
.									

223454 11-15-22

Schedule B (Form 990) (2022)

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



Department of the Treasury Internal Revenue Service Name of the organization

MEND - Meet Each Need With Dignity

Employer identification number 23-7306337

Pa		ed Funds or Other S		Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advise	d 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		eld in donor advised fur	nds
	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			
	impermissible private benefit?			
Pa				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic str			2c
	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			nization during the tax
	year		, ,	-
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe		tion, handling of	
	violations, and enforcement of the conservation easements i		-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and er	forcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	ts of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?			YesNo
9	In Part XIII, describe how the organization reports conservation	ion easements in its reve	nue and expense state	ment and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	s financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections o		easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education	, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that des	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenu	e statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2022
23205	1 09-01-22			

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets_continued) 3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its collection tames (check all that apply): Proble exhibition Check all that apply: Check all that organization scale check at that organization accelections and explain how they further the organization's accent of the size funds attain than to be maintained as part of the organization accelection? Provide a deciption of the organization accelection? Provide a deciption of the organization accelection? Provide accelection accelection of the organization accelection? Provide accelection of the organization accelection? Provide accelection accelection of the mode and accelection? Provide accelection accelection of the mode accelection? Provide accelection accelection?<th></th><th></th><th>Meet Each 1 Collections of Ar</th><th></th><th></th><th></th><th></th><th>06337 ts(contin</th><th></th>			Meet Each 1 Collections of Ar					06337 ts (contin	
collection ferms (check all that apply): Collection ferms (check all that apply): Collection ferms (check all that organization solid or receive donations of at, historical treasures, or other similar assets Collection for (check all that organization solid or receive donations of at, historical treasures, or other similar assets Collection for (check all that organization and check and that organization and check and that organization and check and and or other massets or the organization and check and and or other massets or custodial account liability? Yes No If Yes 'collar the arrangement in Part XiII. Check here if the organization has been provided on Part XIII. Part W Endowment Funds. Complete if the organization has been provided on Part XIII. Part organization include an amount on Form 990, Part X, line 21. Tris (check and that are held and administered tor that organization has beard been provided on part XIII.									
a Public exhibition d Cano or exchange program b Scholary research e Other	3		on, and other record	s, check any of the	Tollowing that that	e significant use	5 01 115		
b Scholarly research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise hunds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IX, line 9, or responded an amount on Form 990. Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Amount c Beginning balance Image: Complex if the organization include an amount on Form 990, Part X, line 21. Image: Complex if the organization line organization include an amount on Form 990, Part X, line 21. Image: Complex if the organization include an amount on Form 990, Part X, line 21. Image: Complex if the organization include an amount on Form 990, Part X, line 21. Image: Complex if the organization include an amount on Form 990, Part X, line 21. Image: Complex if the organization include an amount on Form 990, Part X, line 21. Image: Complex if the organization answered 'Yes' on Form 990, Part X, line 21. Image: Complex if the organization answered 'Yes' on Form 990, Part X, line 21. Image: Complex if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Complex if the organi	а		b	I oan or excl	hange program				
C Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angent, fundse, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization angent, fundse, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization angent, fundse, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answerd "Yes" on Form 990, Part X, line 21. If a Beginning of year balance (a) Current year (b) Prior year (c) Frow years (d) Current year (d) Prior year (e) Four years (d) Four years (d) Four years (e) Four years (d) Current year (e) Four years (e) Foury years (e) Four years (e) Four years (e)			4 e						
Provide a description of the organization's collectors and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collector? Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X, line 3, on reported an amount on Form 980, Part X, line 31. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 31. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 31. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 31. Is a list the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account lability? Ves No b If 'Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization netwerd 'Yes' or Form 980, Part X, line 31. Part V Endowment Funds. Complete if the organization in answerd 'Yes' or Form 980, Part X, line 31. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization in chorm 980, Part X, line 31. Part V Endowment Funds. Complete if the organization in answerd 'Yes' or Form 980, Part X, line 31. Check here if the organization in chorm 980, Part X, line 31. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization in chorm 980, Part X, line 31. Check here if the explanation has been provided on Part XII Combinization explanation in the procession of the organization in the procession of the organization in the procession of the organization in the procese of the explanation in the processing of the estimated			0						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raike funder rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No I Is the organization an agent, fustace, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Arrouunt 10 c Beginning balance 11 11 11 10 11 a Additions during the year 11 11 11 11 12 10 11 10 11 10 11 10 11 10 11 10 10 11 10 10 11 10 10 11 10<		-	ollections and explain	how they further th	ne organization's e	exempt purpose	in Part	XIII	
To be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Interview of the organization and the year Interview of the organization and the part XII. Interview of							in are		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. In a ls the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Intermediate intermediate intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No d Additions during the year Id Intermediate Amount Intermediate 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Intermediate Intermediate Intermediate No fa Beginning of year balance [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	•							Yes	No
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 Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Id c Beginning balance Id Id Id d Additions during the year Ie It Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,' explain the arrangement in Part XIII. Otheck here if the explanation has been provided on Part XII Im Im Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Im Im 1a Beginning of year balance 176, 156, 176, 156, 176, 156, 176, 156, Im Im Im Im c Other expenditures for facilities and programs 2, 105, 176, 156, 176, 156, Im Im Im Im g End of year balance 176, 156, 176, 156, 176, 156, Im Im Im Im Im g End of year balance 176, 156, Im Im Im Im </th <th>Par</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Par								
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 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: the organization funds and the organization answered 'Yes' on Form 990, Part X, line 10. C Not investment earnings, gains, and losses 2,105. 176,156. 176,156. c Onthe expenditures for facilities and programs 2,105. 176,156. 176,156. 176,156. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment						,			
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b If "Yes," explain the arrangement in Part XII and complete the following table: Amount tc dd <lidd< li=""> dd <l< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Yes</th><th></th></l<></lidd<>								Yes	
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 176, 156, 176, 156, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account li	ability?		Yes	No
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d Grants or scholarships	b	Contributions			176,15	5.			
e Other expenditures for facilities and programs 2,105. and programs 2,105. 1 f Administrative expenses 1 g End of year balance 176,156. 176,156. 176,156. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % % b Permanent endowment 100.000 % c 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 organizations by: Yes No (i) Unrelated organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 1 3a(ii) X B Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumul	с	Net investment earnings, gains, and losses	2,105.						
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2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses							
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b Permanent endowment	2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:				
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(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated 1a Land 1,094,728. 1,094,728. 1,094,728. b Buildings 8,423,881. 3,264,254. 5,159,627. c Leasehold improvements 236,541. 211,263. 25,278. e Other 262,540. 206,430. 56,110.	3a		ession of the organiza	ation that are held a	nd administered fo	or the		г	
(i) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment 236, 541. 211, 263. 25, 278. e Other Coher 262, 540. 206, 430. 56, 110.		c							
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5 3 5 7 1									
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Schedule D (Form 990) 2022

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Schedule D	(Form 990) 2022	MEND - M	eet	Each	Need	Wit	h Dignity	2	3-7306337	Page 3
Part VII	Investments -	Other Securities								
							1b. See Form 990, Pa			
		gory (including name of sec		(b) Bo	ook value		(c) Method of valu	ation: Cost or e	end-of-year market \	alue
	held equity interests	s								
(3) Other										
(A)										
(B)										
(C) (D)										
(E)										
(F)										
(G)										
(H)										
	b) must equal Form 99	0, Part X, col. (B) line 12	2.)							
		Program Relate								
			"Yes" c	on Form 99	90, Part IV	/, line 1	1c. See Form 990, Pa			
	(a) Description of	investment		(b) Bo	ook value		(c) Method of valu	ation: Cost or e	end-of-year market \	value
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)	h)					-				
Part IX	Other Assets.	0, Part X, col. (B) line 13	3.)							
		anization answered '	"Yes" r	n Form 90	0 Part IV	/ line 1	1d. See Form 990, Pa	urt X line 15		
				escription		, 1110 1	14. 000 1 0111 000, 1 0		(b) Book va	lue
(1)			. ,							
(2)										
(3)										
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(8)										
(9)										
<u> </u>		orm 990, Part X, col.	(B) line	15.)						
Part X	Other Liabilitie									
			"Yes" c	on Form 99	90, Part IV	/, line 1	1e or 11f. See Form 9	90, Part X, line		
<u>1.</u>	. ,	escription of liability							(b) Book va	liue
	leral income taxes									
(2)										
(3)										
(4)										
(5)									-	
(6)										
(7)										
<u>(8)</u> (9)										
	mn (b) must equal F	orm 990 Part X col	(R) line	25)						
		sitions. In Part XIII, p								

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... 🗴

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23-	73	063	37	Page 4

hedule D	(Form 990)) 2022	MEND	-	Meet	Each	Need	With	Digni	ty
			,							

		rom brgm	<u> </u>		recees rayer
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	tements With	Revenue per R	etur	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	11,376,396.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-75,461.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-75,461.
3	Subtract line 2e from line 1			3	11,451,857.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,451,857.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	10,985,153.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	10,985,153.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990 Part 1 line 18)		5	10,985,153.

Part XIII Supplemental Information.

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

Part V, line 4:

5

Appropriated investment earnings of the endowment, if any, are to be used

according to donor restrictions to support the organization.

Part X, Line 2:

MEND is exempt from taxation under Internal Revenue Code Section 501(c)(3)

and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure

guidance about positions taken by an organization in its tax returns that

might be uncertain. Management has considered its tax positions and

believes that all of the positions taken by MEND in its federal and state
232054 09-01-22
Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 MEND - Meet Each Need With Dignity Part XIII Supplemental Information (continued)	23-7306337	Page 5
exempt organization tax returns are more likely than not to	be sustain	ed
upon examination. MEND's returns are subject to examination	by federal	and
state taxing authorities, generally for three and four year	s,	
respectively, after they are filed.		
	Schedule D (Form 9	990) 2022

SCHEDULE G	Suppleme	ntal Information Regardi	ng Fundra	aising or Gaming	Activities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" rganization entered more than				2022
Department of the Treasury Internal Revenue Service		Attach to Form 99	90 or Form 9	990-EZ.		Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for ins	tructions an	id the latest informati		identification number
······		Meet Each Need W	ith Dig	gnity	23-73	
	sing Activities . complete this part	Complete if the organization and	swered "Yes	s" on Form 990, Part IV	, line 17. Form 990	D-EZ filers are not
 Indicate whether the a Mail solicitate Mail solicitate Internet and Phone solicitate Phone solicitate In-person social In-person social Indicate the organization key employees list 	e organization rais itions email solicitations tations dicitations on have a written o red in Form 990, P d highest paid indiv	sed funds through any of the fold e Solid S f Solid g Spector or oral agreement with any individ art VII) or entity in connection with viduals or entities (fundraisers) put	citation of no citation of go cial fundraisi lual (includin th profession	on-government grants overnment grants ing events ng officers, directors, tru nal fundraising services	ustees, or	Yes No to be
(i) Name and addres or entity (fund		(ii) Activity	(iii) Dic fundraise have custo or control contributio	from activity	(v) Amount pa to (or retained to fundraiser listed in col. (i	by) to (or retained by)
			Yes N	No		
Total						
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to soli	cit contributi	ions or has been notifie	ed it is exempt fro	m registration

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

Schedule G (Form 990) 2022

232081 10-27-22

MEND - Meet Each Need With Dignity

23-7306337 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.

		or fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Gala (event type)	(event type)	(total number)	col. (c))
nue				(event type)	(total humber)	
Revenue	1	Gross receipts	247,366.			247,366.
Ľ	2	Less: Contributions	187,227.			187,227.
	3	Gross income (line 1 minus line 2)	60,139.			60,139.
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	6,530.			6,530.
rect Ex	7	Food and beverages	25,707.			25,707.
	8	Entertainment	1,850.			1,850. 26,052.
	9	Other direct expenses	26,052.			26,052.
	10	Direct expense summary. Add lines 4 through	()			60,139.
		Net income summary. Subtract line 10 from li				0.
Pa	IT L I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
es	2	Cash prizes				

а	ls t	he organization licensed to conduct gaming ad	ctivities in each of these	states?		Yes	No
9	Ent	er the state(s) in which the organization condu	ucts gaming activities:				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)				
	6	Volunteer labor	└── Yes % └── No	└── Yes% └── No	└── Yes% └── No		
_	5	Other direct expenses					
Direct Expenses	4	Rent/facility costs					
xpense	3	Noncash prizes					
ŝ	~	Cash phizes					

a Is the organization licensed to conduct gaming activities in each of these states	?	Ves	
b If "No," explain:			

b If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

__ No

Sch	edule G (Form 990) 2022	MEND -	Meet	Each	Need	With	Dignit	<u>- 2</u> 3-	7306	5 <u>33</u> 7	Page 3
11	Does the organization conduct ga	aming activities	s with noni	members?						Yes	No
	Is the organization a grantor, ben										
	to administer charitable gaming?									Yes	🗌 No
13	Indicate the percentage of gamin										
а	The organization's facility								. 13a		%
b	An outside facility										%
14	Enter the name and address of th	ne person who	prepares t	the organiz	zation's ga	aming/spe	ecial events bo	ooks and records:			
	Name										
	Address										
15a	Does the organization have a con	tract with a th	ird party fr	om whom	the organ	ization rec	ceives gaming	g revenue?		Yes	No No
b	If "Yes," enter the amount of gam	ning revenue re	eceived by	the organ	ization	\$		and the amount			
	of gaming revenue retained by the			-				-			
с	If "Yes," enter name and address	of the third pa	arty:								
	Name										
	Addrose										
	Address										
16	Gaming manager information:										
	Name										
	Gaming manager compensation	¢									
	Gaming manager compensation	\$		_							
	Description of services provided										
	Director/officer		ee		ndepende	ent contra	ctor				
17	Mandatory distributions:										
	Is the organization required under	r state law to r	nake chari	table distri	ibutions fr	om the aa	amina proceed	ds to			
u	retain the state gaming license?									Yes	
b	Enter the amount of distributions										
	organization's own exempt activit	ties during the	tax year	\$							
Pa	rt IV Supplemental Infor			planation	s required	by Part I,	, line 2b, colur	nns (iii) and (v); and F	Part III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. A	lso provide	e any addi	tional infor	mation. S	See instruction	IS.			

232083 10-27-22

Schedule G	(Form 990) Supplemental Inform	MEND - Meet	: Each	Need	With	Dignity	23-7306337 Page 4
Part IV	Supplemental Infor	mation (continued)					

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service												
Name of the organization							Employer identification number					
		leed With Di	gnity				23-7306337					
Part I General Information on Grants a												
1 Does the organization maintain records t							X Yes No					
criteria used to award the grants or assis 2 Describe in Part IV the organization's pro-												
Part II Grants and Other Assistance to		0 0			anization answered "	(es" on Form 990 Par	t IV line 21 for any					
recipient that received more than S	. –											
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
A Community of Friends 3701 Wilshire Blvd. Suite 700												
Los Angeles, CA 90070	95-4203106	501c3	0.	38,930.	FMV per lb.	Food	Community Assistance					
A New Direction Transitional Home 9733 Columbus Ave North Hills, CA 91343	85-1600602	501c3	0.	17,025.	FMV per lb.	Food	Community Assistance					
Cal State Northridge (CSUN) - Food Pantry - 18111 Nordhoff St - Northridge, CA 91330	95-4358677	501c3	0.	17,543.	FMV per lb.	Food	Community Assistance					
El Nido - Best Start Program 14547 Titus St Panorama City, CA 91402			0.	55,334.	FMV per lb.	Food	Community Assistance					
El Nido – Pacoima FamilySource Center (Pacoima Cares) – 11243 Glenoaks Blvd – Pacoima, CA 91331	95-3186429		٥.	61,094.	FMV per lb.	Food	Community Assistance					
First Lutheran of Van Nuys 6952 Van Nuys Blvd Van Nuys, CA 91405	95-2074870	501c3	0.	79,212.	FMV per lb.	Food	Community Assistance					
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table				25.					
3 Enter total number of other organizations	s listed in the line	1 table					2.					
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2022												

Document ID: 56fc2cd6-e66e-484b-a0f0-c267975da5bc

Schedule I (Form 990) MEND - Meet Each Need With Dignity

23-7306337

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISH of West Valley							
20440 Lassen Street							
Chatsworth, CA 91311	95-3081695	501c3	٥.	103,653.	FMV per lb.	Food	Community Assistance
Food on Foot							
9663 Santa Monica Blvd. Suite 743							
Beverly Hills, CA 90210	31-1581053	501c3	0.	99,091.	FMV per lb.	Food	Community Assistance
Heart of Compassion Distribution							
600 S. Maple Ave							
Montebello, CA 90640	42-1573926	501c3	٥.	12,225.	FMV per lb.	Food	Community Assistance
Ware for Warelson Workh							
Hope for Homeless Youth							
9700 Latuna Canyon	05 4200001	F 0 1 - 2		F4 100		D	
Granada Hills, CA 91352	95-4380081	501c3	0.	54,198.	FMV per lb.	Food	Community Assistance
Iglesia Misionera Antioquia							
10803 Cantara St							
Sun Valley, CA 91352	95-4676444	501c3	٥.	20,957.	FMV per lb.	Food	Community Assistance
Iranian Christian Church							
P.O. Box 4784		504 0					
Chatsworth, CA 91313	95-4780202	501c3	0.	28,568.	FMV per lb.	Food	Community Assistance
LA City Council District 2							
200 N. Spring St., Room 435							
Los Angeles, CA 90012			٥.	21,226.	FMV per lb.	Food	Community Assistance
				· · · · ·			
LA Family Housing (LAFH)							
7843 Lankershim Blvd							
North Hollywood, CA 91605	95-3920560	501c3	٥.	60,250.	FMV per lb.	Food	Community Assistance
LA Wallow College (LANC) Walzing							
LA Valley College (LAVC) - Helping Hands Project - 5800 Fulton Avenue							
-		501c3	0.	6 F01	EMU por 1b	Food	Community Aggisteres
- Valley Glen, CA 91401	95-2587353	P0162	U.	0,391.	FMV per lb.	Food	Community Assistance

Schedule I (Form 990)

MEND - Meet Each Need With Dignity Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
One Love Food Ministry							
208 Pillsbury St							
Lancaster, CA 93534	82-1411920	501c3	0.	1,485,892.	FMV per lb.	Food	Community Assistance
				, ,			
RCCG Victory House							
1557 Lucky Place							
Sylmar, CA 91342	46-1790149	501c3	0.	13,720.	FMV per lb.	Food	Community Assistance
REACH Center							
8245 Beeman Avenue							
North Hollywood, CA 91605	47-4590629	501c3	0.	13,791.	FMV per lb.	Food	Community Assistance
Revival Power Ministries							
14553 Delano St							
Van Nuys, CA 91411	91-2162688	501c3	0.	5,401.	FMV per lb.	Food	Community Assistance
Sequoia Youth & Families							
8905 De Soto Ave Suite 204							
Canoga Park, CA 91304	47-2362840	501c3	0.	136,009.	FMV per lb.	Food	Community Assistance
St. Bridget of Sweden Church							
16707 Gault Street							
Van Nuys, CA 91406	95-1938867	501c3	0.	55,154.	FMV per lb.	Food	Community Assistance
St. Charles Borromeo - Holy Family							
Service Center - 10825 Moorpark St					L		
- North Hollywood, CA 91602	95-1644617	501c3	0.	72,563.	FMV per lb.	Food	Community Assistance
St. Elisabeth of Hungary Church							
6635 Tobias Ave							
	95-1661063	501c3	0.	04 E07	FMV per lb.	Food	Community Aggisterse
Van Nuys, CA 91405	32-T00T003	50162	U.	84,507.	гму рег тр.	Food	Community Assistance
UCLA - Early Head Start							
14423 Van Nuys Blvd							
Arleta, CA 91331			0.		FMV per lb.	Food	Community Assistance

Schedule I (Form 990)

Schedule I (Form 990) MEND - Meet Each Need With Dignity

23-7306337	Page 1
	i ugo i

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	iovernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
alley Park Baptist Church 6514 Nordoff St							
North Hills, CA 91343	95-2235327	501c3	٥.	143,741.	FMV per lb.	Food	Community Assistance
Victory Outreach - Church of Van Nuys - 14545 Victory Blvd Van							
Juys, CA 91411	32-0367481	501c3	0.	22,537.	FMV per lb.	Food	Community Assistance
Volunteers of America - Hollywood SamilySource Center - 900 N.							
Nestern Ave – Los Angeles, CA 90029	95-1691330	501c3	0.	87,590.	FMV per lb.	Food	Community Assistance

Schedule I (Form 990)

232241 04-01-22

Schedule I (Form 990) 2022 MEND - Meet Each Need With Dignity

23-7306337

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					Food and personal protection
Food, household, and personal protection equipment	280000	0.	4,031,316.		equipment

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

Part I, Line 2:

The organization screens all grant recipients for eligibility to receive

the grants.

232102 10-31-22

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	22)
	-	Compensated Employees		ΖU		-
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	e of the organizatio			identification		mber
		MEND - Meet Each Need With Dignity	23-7	730633	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	are of the following the experimetion used to establish the compensation of the experimetion	' -			
3		ny, of the following the organization used to establish the compensation of the organization' actor. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.	101110			
	Compensation					
	·	compensation consultant X Compensation survey or study				
	X Form 990 of o		committee			
			Johnmittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				Х
с		eive payment from an equity-based compensation arrangement?				X
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	-					
	Only section 501(d	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			6a		X
	Any related organiz	ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				17
_		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in		-		
		n 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	compensation		reported as deferred on prior Form 990
(1) Janet Marinaccio	(i)	163,243.	0.	0.	0.	11,605.	174,848.	0.
Chief Executive Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Chanya Blumenkrantz	(i)	142,031.	0.	0.	0.	12,011.	154,042.	0.
Chief Development Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

232113 10-18-22

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2

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

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

Open to Public Inspection Employer identification number

NI	- 6 +1	and the second second second
Name	of the	organization
1 Junio		organization

MEND - Meet Each Need With Dignity

 							2
2	3-	7	30	63	33	7	

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Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		308,613.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	3,356,666	6,444,798.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (PPE/COVID tests)	Х	10					
26	Other (Toys)	Х	100	15,000.	FMV			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for o	contributions				
	for which the organization completed Form 828	33, Part V, D	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rej	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period?	•				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	utions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

Document ID: 56fc2cd6-e66e-484b-a0f0-c267975da5bc

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

Schedule	Μ,	Part	I,	Column	(b):
----------	----	------	----	--------	------

MEND tracks the food donated by weight. This quantity number is the

amount of 1bs donated, rounded. This is valued based on relevant

research from a leading nonprofit organization of national average

prices for food.

All other quantities reported are determined by the approximate number

of individual donors.

232142 09-09-22

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization	n MEND - Meet Each Need With Dignity		identification number 306337
Form 990, Pa	rt VI, Section B, line 11b:		
Form 990 is	reviewed by MEND's CFO, Scott Mikels, and MEN	D's Pro	esident/CEO,
Janet Marina	ccio. The Form 990 is then sent to all member	s of tl	he board
prior to fil	ing.		
-	<u> </u>		
Form 990, Pa	rt VI, Section B, Line 12c:		
Each employe	e, officer, director, or agent is required to	sign a	a conflict
of interest	statement upon association with the organizat	ion, a	nd annually.
The statemer	t requires such party to disclose interests i	n any i	transaction
or decision	where a conflict might exist and to remove th	emselvo	es from any
vote regardi	ng said issue.		
<u>Form 990, Pa</u>	rt VI, Section B, Line 15:		
The annual p	rocess for determining the President/CEO comp	ensatio	on is as
follows: The	Board appoints an Executive Compensation Com	mittee	annually
that evaluat	es the performance, and based on a compensati	on sur	vey,
recommends t	o the full board the compensation of the Pres	ident/0	CEO. The
Board also a	pproves the compensation of the CFO based on	evalua	tion by the
President/CE	0.		
Form 990, Pa	rt VI, Section C, Line 19:		
The last for	r years of Form 990, audit reports, and annua	1 impa	ct reports
are availabl	e on the organization's website and upon requ	est. I	n addition,
the organiza	tion's governing documents and policies are a	lso ava	ailable on
the organiza	tions website.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22



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