	99	20		Return o	of Organizat	tion Exempt	From I	ncon	ne Tax		OMB No. 1545-00	_
Form				2022	2							
			Under se			f the Internal Reven Imbers on this form	-			uations)	Open to Publi	ic
		the Treasury ue Service			-) for instructions an	-				Inspection	
			lar year, or t	ax year begir			, 2022, a		-		, 20	
_		pplicable:	C Name of org		vil Eats					D Emple	oyer identification number	er
X A	ddress c	hange	Doing busine	ess as						-	84-4826419	
_ N	ame cha	ange	Number and	street (or P.O. bo	ox if mail is not delivered to	street address)		Room/su	ite	E Telepi	hone number	
Ir	nitial retu	rn	101 Middlesex Tpke 6 (9								(917) 539-392	24
F	inal retu	rn/terminated	City or town,	state or province	, country, and ZIP or foreig	n postal code				G Gross	s receipts	
A	mended	return	Burli	ngton, MA	01803-4914					\$,884
A	pplicatio	n pending	F Name and a	ddress of principa	I officer:				H(a) Is this a	group return t		X No
			<u> </u> г	_					H(b) Are all	subordinate	es included? Yes	No
			501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	27				st. See instructions	
	/ebsite:		vileats.c						H(c) Group			
ĸ ⊧ Pai		rganization: 🗴 Summar		_ Trust _ Ass	ociation Other	L	. Year of formati	on: 202	20 M	State of leg	gal domicile: CA	
ια				ization'a miaa	ion or most significar	at a ativitiaa:	1 1 1 1 1 1 1]				
	1		U U		ion or most significar						urce for crit	
ce						. We publish						Sund
าลท		sustaina	ble agri	culture i	n an effort t	o build econor	mically a	and so	ocially	just	communities.	
'err												
Governance	2			0	•	ations or disposed of				1 1	l	
م	3					line 1a) • • • • •				3		4
Activities &	4			-		ody (Part VI, line 1b)				4		4
tivit	5				•	(Part V, line 2a) •				5		8
Ac	6				• /	, line 12				6 7a		
					,	art I, line 11 • • • •				7a 7b		0
		INEL UNITEIALE			1011 F0111 990-1, Fa			<u></u>			Current Veer	
	8	Contribution	s and grants	(Part \/III_line	1b)				Prior Year		Current Year	501
e	9											<u>,591</u> ,950
enu	10	-)				632	4,	, <u>950</u> 0
Revenue	11				, ,	c, and 11e)				052	3	,343
-	12					column (A), line 12)			574	1,439	,	,884
	13				· · ·	1-3)				,	,	0
	14			•		<i>.</i>						0
	15	Salaries, oth	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)						3,036	523,	,088	
Expenses										,		0
ben	b	Total fundrai	sing expense	s (Part IX, co	lumn (D), line 25)		97,389					
Ä	17	Other expen	ses (Part IX,	column (A), li	nes 11a-11d, 11f-24e)			274	1,499	280,	,607
	18	Total expens	es. Add line	s 13-17 (must	equal Part IX, colum	ın (A), line 25) ••			647	7,535	803,	, 695
	19	Revenue les	s expenses.	Subtract line	18 from line 12 • •				(73	3,096)	(82,	,811
or								Begi	nning of Cur	rent Year	End of Year	
Net Assets or Fund Balances	20			,					1,374	1,676	1,289,	,484
it As nd B	21								10	0,000	7,	,619
				es. Subtract	line 21 from line 20				1,364	1,676	1,281,	,865
Pa			re Block									
						g schedules and statement ation of which preparer has			owledge and b	oelief, it is		
				,	,		, ,					
Sigi	,		i Starkm	an						L		
-		Signature of office								Dat	te	
Her	e			an, CEO,	President of	the Board						
		Type or print na					Data				DTIN	
Dair	4		eparer's name		Preparer's signature		Date		Check	—	PTIN	
Paic		John Mu	llins		John Mullins		09-27-20			nployed	P01429307	
	oarer Only			Mullins,					irm's EIN			
056	Only	Firm's addres	S		consin Avenue	1		F	hone no.			
M			nahum		<u>MD 20814</u>	truction -				202-	770-6371 V Yaa	1.
				• •	nown above? See ins						X Yes	
FOR F	aperw	VUIN REQUCT	OII ACT NOTIC	e, see the se	parate instructions						Form 990 ((2022)

OMB No. 1545-0047

Form		-4826419	Page 2
Pa	art 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:		
	Civil Eats is a daily news source for critical thought about the American food s	system. I	We publish
	stories that shift the conversation around sustainable agriculture in an effort	to build	11
	economically and socially just communities.		
			<u> </u>
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		
		Yes	<u>x</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	the total expenses, and revenue, if any, for each program service reported.	,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$587,610 including grants of \$) (Revenue \$))
	See SERVICES page for a description of this program service.		/
	bee bervious page for a debeription of onto program bervice.		<u> </u>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$ _)
			<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
			<u> </u>
			<u></u>
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 587,610		
-			

Form **990** (2022)

Form		4826419	•	P	age 3
Pa	rt IV Checklist of Required Schedules				
		_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				1
	complete Schedule A		1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	· · · _	2	Х	Ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I	· · · _	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	· · · _	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	· · · _	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		_		
_	"Yes," complete Schedule D, Part I	· · · _	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	· • •	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>		_		
•		· • •	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
40	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.				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1	1.		
h	complete Schedule D, Part VI	· · · T	1a	х	<u> </u>
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1	1b		v
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	· · · ·			x
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1	1c		v
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	· · · ·			x
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	1	1d		v
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		1u 1e		x x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	· · · ⊢			<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part $X \cdots$	1	1f	х	
12a		· · · ⊢		~	<u> </u>
120	Schedule D, Parts XI and XII	1	2a	v	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	· · ·		Х	<u> </u>
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	1	2b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?		4a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	F.			<u> </u>
-	fundraising, business, investment, and program service activities outside the United States, or aggregate				1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	1	4b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		-		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	.	16		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 1c and 8a? If "Yes," complete Schedule G, Part II	.	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III	.	19		x
20 a			0a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		0b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	:	21		x

-		26419	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		X
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			х
b	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?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	· 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	· 25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or 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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		x
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			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M			х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	- 31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1			х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>		x
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)? If "Yes," complete Schedule R, Part V, line 2	. 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	- 36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	. 38	X	
Par				_
	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	55		
b	Enter the number of Forms W-2G included in 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	X	<u> </u>

Form	990 (2022) Civil Eats 84-48264	119	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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
с	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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
~	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>
U	required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
f	Did the organization receive any funds, directly of indirectly, to pay premiums of a personal benefit contract?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
g b	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? •••••••••	79 7h		<u> </u>
h o		/11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	4		
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		\vdash
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 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.			

_	m 990 (2022) Civil Eats 84-48264		P	age 6
Pa	art 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 in Schedule O. See instructions			_
_	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7.		
h		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		
		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
2	the year by the following: The governing body? • • • • • • • • • • • • • • • • • • •	8a	v	
a b	Each committee with authority to act on behalf of the governing body?	8b	x x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	•	
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		~
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official • • • • • • • • • • • • • • • • • • •	15a	х	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u></u>	organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California California			
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.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
~~	and 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.	01.5		
	The Organization (917)539-3924, 101 Middlesex Tpke, Suite 6, Burlington, MA 01803-4	914		

Form 990 (202	2) Civil Eats			84-4826419	Page 7
Part VII	Compensation of Officers,	Directors, Trustees, Key Employees	Highest Comper	sated Employee	es, and
	Independent Contractors				
	Check if Schedule O contains a	response or note to any line in this Part VII			. 🗌
Section A.	Officers, Directors, Trustee	es, Key Employees, and Highest Com	pensated Employ	ees	

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

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

	leu organizai		mpe	115a		arry cu	nen			
				((C)					
(A)	(B)	(B) Position (do not check more than a				han		(D)	(E)	(F)
Name and title	Average	``				nan one s both a		Reportable	Reportable	Estimated amount
	hours							compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	Individual trustee or director	Ins	Officer	Ke	em	Fo	1099-MISC/	1099-MISC/	organization and
	related	direc	Institutional trustee	icer	Key employee	jhes Iploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor	ona		loldt	ee				
	below	'uste	trus		/ee	npe				
	dotted line)	ě	tee			Highest compensated employee				
						be				
(1) Naomi_Starkman	40.00									
CEO, President of the Board				x				98,337	0	7,691
(2) Emilio Garcia-Ruiz	<u>1.00</u>									
Member		х						0	0	0
(3) Christine Schantz	1.00									
Secretary		х		х				0	0	0
(4) Esther Park	<u>1.00</u>									
Treasurer		х		х				0	0	0
(5) Will Rosenzweig	<u>1.00</u>									
Chairperson		х		х				0	0	0
<u>(6)</u>										
(7)										
<u>(8)</u>										
<u>(9)</u>										
(10)										
<u>(11)</u>										
(12)										
(13)										
<u>(14)</u>										
	1							I		

	90 (2022) Civil Eats									84-482	
Part	VII Section A. Officers, Directors, T	rustees,	Keyl	Em	plo	yee	es, ar	nd	Highest Comp	pensated Em	ployees (continued
	(A) Name and title	(B) Average hours per week	Average box, unless pers hours officer and a dire per week					n	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
<u>(15)</u>											
<u>(16)</u>											
<u>(17)</u>											
<u>(18)</u>											
<u>(19)</u>											
<u>(20)</u>											
<u>(21)</u>											
<u>(22)</u>											
<u>(23)</u>											
<u>(24)</u>											
(25)											
1b c	Subtotal		· · · · · ·	 	 	· ·	 	•			
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not limited)								98,337 ore than \$100,000	0 of	7,691
	reportable compensation from the organization										Yes No
3	Did the organization list any former officer, director employee on line 1a? <i>If "Yes," complete Schedule</i>			-		-					. 3 X
4	For any individual listed on line 1a, is the sum of r organization and related organizations greater tha	eportable co	mpens	satio	n ar	nd ot	her co	mpe	ensation from the		
F	individual				••						. <u>4 x</u>
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,				-			-			. 5 X
	on B. Independent Contractors									000.1	
1	Complete this table for your five highest compens compensation from the organization. Report comp										ar.
	(A) Name and business addres	s							(B) Description of servio	es	(C) Compensation
2	Total number of independent contractors (includin received more than \$100,000 of compensation from the structure of the struc	-			se lis	sted	above) wh	10		

Form 99	90 (202								84-48264	19 Page 9
Part '	VIII	Statement of Rev	eni	he						
		Check if Schedule O co	ontaii	ns a response	or n	ote to any line in this	A Part VIII • • • • • • • • • • • • • • • • •	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								function revenue	business revenue	from tax under sections 512–514
	1a	Federated campaigns .			1a					
ຮູ	b Membership dues									
unts	с	Fundraising events	[1c						
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .			1d					
Gift lar∕	е	Government grants (cont	ribut	ions)	1e					
ns, Simi	f	All other contributions, gif	-							
utio		and similar amounts not i		-	1f	712,591				
oth	g	Noncash contributions inc			4					
and	<u> </u>	lines 1a-1f		L	1g	\$	510 501			
	n	Total. Add lines 1a-1f	•••		• •	Business Code	712,591			
_	22	Drogram Bowonuo				900099	4,950	4,950		
2	b	Program Revenue				900099	4,950	4,950		
	c v									
gram ser Revenue	d d									
Program Service Revenue	e									
2	f	All other program service i	ever	nue						
	g ·	Total. Add lines 2a-2f .					4,950			
	3	Investment income (includ	ing c	lividends, inte	rest,	and				
		other similar amounts) •				H				
	1	Income from investment of								
	5	Royalties	<u></u>		• •					
		a		(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses • •	6b							
		Rental income or (loss) Net rental income or (loss)	6c							
		, , , , , , , , , , , , , , , , , , ,	' <u> </u>	(i) Securities		(ii) Other				
	-	Gross amount from sales of assets			5					
		other than inventory	7a							
	b	Less: cost or other basis								
iue	;	and sales expenses	7b							
ven	С	Gain or (loss)	7c							
Re	1	Net gain or (loss) • • • •			<u></u>					
Other Revenu		Gross income from fundra	ising							
ð		events (not including \$								
		of contributions reported o								
		1c). See Part IV, line 18			8a					
		Less: direct expenses • Net income or (loss) from			8b	1				
		Gross income from gaming		aising events	' r					
	1	activities, See Part IV, line	-		9a					
	1	Less: direct expenses			9b					
		Net income or (loss) from			L					
			-	-						
		10a Gross sales of inventory, less returns and allowances 10a								
	b	b Less: cost of goods sold								
	c	Net income or (loss) from	sales	s of inventory	• •					
_						Business Code				
6 0		Other				900099	3,343	3,343		
nuc										
iever Gever	С.	A.U. (J								
Miscellanous Revenue						L	• • • •			
		Total. Add lines 11a-11d				· · · · · · · · · ·	3,343	0 202	0	0
		LUCAL FOVORIDO SOO INCTIL	num		-		1.00 N	כח כי ש	· ^	. ^

Sectio	n 501(c)(3) and 501(c)(4) organizations must complete all co				F
	Check if Schedule O contains a response or note to	· ´ · · · · ·			<u></u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		onponooo	general expenses	expenses
-	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	98,337	76,702	9,834	11,801
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	370,906	289,308	37,089	44,509
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,248	4,873	625	750
9	Other employee benefits	8,810	6,872	881	1,057
10	Payroll taxes	38,787	30,254	3,879	4,654
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10,089		10,089	
с	Accounting	34,155		34,155	
d	Lobbying	,		,	
е	Professional fundraising services. See Part IV, line 17 .				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)	173,670	158,367	2,803	12,500
	Advertising and promotion	14,190	9,177	13	5,000
	Office expenses	36,149	10,888	8,143	17,118
	Information technology	30/113	20,000	0,113	17,110
	Royalties				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
		1 401	1 1 60		
	Conferences, conventions, and meetings	1,491	1,169	322	
	Payments to affiliates				
	Depreciation, depletion, and amortization ••••••	5,067		5,067	
		5,796		5,796	
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а		ļ			
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	803,695	587,610	118,696	97,389
	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				
	following SOP 98-2 (ASC 958-720)				

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Form	990	(2022
Pai	rt IX	5

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Par		Dalance Sneet	- 4-				-
		Check if Schedule O contains a response or note	e to ar	ny line in this Part X	(4)		
					(A)		(B)
	4	Cash pap interest bearing			Beginning of year	1	End of year
	1	Cash - non-interest-bearing		L. L	401,310	1	149,742
	2	Pledges and grants receivable, net		F	725,707	2	1,014,000
	3	Accounts receivable, net		F	217,250	3 4	101,500
	4 5					4	
	5	Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial co					
		controlled entity or family member of any of these perso				5	
	6	Loans and other receivables from other disqualified personal statements of any of these personal statements of any of the statements of any of these personal statements of any of the statements				5	
	0	under section 4958(f)(1)), and persons described in sec				6	
	7	Notes and loans receivable, net				7	
ets	8	Inventories for sale or use		-		8	
Assets	9	Prepaid expenses and deferred charges			9,797	9	8,697
-	10a	Land, buildings, and equipment: cost or other			5,151		0,007
		basis. Complete Part VI of Schedule D	10a	25,335			
	b	Less: accumulated depreciation	10b	9,790	20,612	10c	15,545
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11		F		12	
	13	Investments - program-related. See Part IV, line 11		-		13	
	14	Intangible assets		E CONTRACTOR OF CO		14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 33	3).	[1,374,676	16	1,289,484
	17	Accounts payable and accrued expenses			10,000	17	7,619
	18	Grants payable		[18	
	19	Deferred revenue		[19	
	20	Tax-exempt bond liabilities		[20	
	21	Escrow or custodial account liability. Complete Part IV o	f Sche	dule D		21	
es	22	Loans and other payables to any current or former office	er, direo	ctor,			
Liabilities		trustee, key employee, creator or founder, substantial co	ontribut	tor, or 35%			
iab.		controlled entity or family member of any of these perso	ns			22	
-	23	Secured mortgages and notes payable to unrelated third	•	-		23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).	Comp	lete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			10,000	26	7,619
6		Organizations that follow FASB ASC 958, check here	e X				
lcei		and complete lines 27, 28, 32, and 33.					
alar	27				1,133,426	27	1,151,865
Ä	28				231,250	28	130,000
oun		Organizations that do not follow FASB ASC 958, che	eck nei	re 🗌 🛛			
Net Assets or Fund Balances		and complete lines 29 through 33.				- 20	
ts c	29 20	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipmen		F		29	
sse	30 24					30	
t∆ŝ	31	Retained earnings, endowment, accumulated income, or Total net assets or fund balances		F	1 204 656	31	1 001 075
Ne	32 33				1,364,676	32	1,281,865
	33		• • •		1,374,676	33	1,289,484

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Form 990 (2022) Civil Eats

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Page **11**

Form **990** (2022)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total expenses (must equal Part VII, column (A), line 25) 3 (82,811) Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,364,676 Net unrealized gains (losses) on investments 6 7 Investment expenses 7 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)) 1, 281, 865 Part XII Financial Statements and Reporting 1 1, 281, 865 Check if Schedule O contains a response or note to any line in this Part XII 1 1 1 Accounting method used to prepare the Form 990: Cash Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or boh: 2a x If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Boht consolidated and separate basis boh consolidated basis, or boh: 2a Separate basis <td< th=""><th>Form</th><th>n 990 (2022) Civil Eats</th><th>84-4826419</th><th>)</th><th>Pa</th><th>age 12</th></td<>	Form	n 990 (2022) Civil Eats	84-4826419)	Pa	age 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 720,884 2 Total expenses (must equal Part IX, column (A), line 25) 2 803,695 3 (62,811) 4 1,364,676 5 5 5 5 6 7 7 7 6 6 7 7 7 8 9 0 0 9 0 0 0 10 Net assets or fund balances (explain on Schedule 0) 8 9 0 0 0 0 0 0 10 Net assets or fund balances (explain on Schedule 0) 8 9 0 10 Net assets or fund balances (explain on Schedule 0) 10 1,281,865 Part XII Financial Statements and Reporting 10 1,281,865 Check if Schedule 0 contains a response or note to any line in this Part XII 1 2a x 1 Accounting method used to prepare the Form 990: Cash Accrual Other 1 11 the organization changed its method of accounting from a prior year or checked "Other,"	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 803, 695 3 Revenue less expenses. Subtract line 2 from line 1 3 (82, 811) 4 1, 364, 676 3 (82, 811) 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 364, 676 5 Net unrealized gains (losses) on investments 6 6 6 7 7 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 281, 865 Part XII Financial Statements and Reporting 1, 281, 865 1 Check if Schedule O contains a response or note to any line in this Part XII 1 1 1 Accounting method used to prepare the Form 990: Cash A Acrual Other 1 Mecountaing the organization changed its method of accounting from a prory year or checked "Other," explain on Schedulo O. 2a x 24		Check if Schedule O contains a response or note to any line in this Part XI				
3 Revenue less expenses. Subtract line 2 from line 1 3 (82,811) 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,364,676 5 Net unrealized gains (losses) on investments 6 6 7 1 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 8 9 0 0 10 Net assets or fund balances (explain on Schedule O) 8 9 0 0 10 Net assets or fund balances (explain on Schedule O) 9 0 0 Net assets or fund balances (explain on Schedule O) 10 1, 281, 865 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2a x 11 reviewed on a separate basis, consolidated basis, or both: 1 Separate basis Consolidated basis, or both: 2 Separate basis, consolidated basis, or both: 3 Separate bas	1	Total revenue (must equal Part VIII, column (A), line 12)	1		720,	884
4 1,364,676 5 Net unrealized gains (losses) on investments 6 6 7 7 8 7 9 00 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 32, column (B)) 10 12, column (B)) 10 12, column (B)) 10 14, 284, 655 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash X Accrual 1 Otter 1 Accounting method used to prepare the Form 990: 2a Cash X Accrual 1 Otter 1 Accounting method used to prepare the Form 990: 2a Cash X Accrual 0 Otter 1 Accounting method used to prepare the Form 990: 2a Cash X Accrual 0 Otter 1 Accounting financial statements compiled or reviewed by an independent accountant? 1 Yes No 2a X 1 Mere the organization's financial statements for the year were compiled or separate basis b Were the organization's financial statements for the year were audited on a separate basis b Were the organization's financial statements for the year were audit	2		2		803,	695
5 Net unrealized gains (losses) on investments 5 6 6 7 6 7 7 8 9 9 0 10 Net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 11 Recounting (B)) 12 Column (B) 13 Column (B) 14 Accounting method used to prepare the Form 990: Cash 14 Accounting method used to prepare the Form 990: Cash 14 Accounting method used to prepare the Form 990: Cash 15 Separate basis, consolidated basis, or both: Yes 16 Separate basis Consolidated basis, or both: Za 17 Yes, 'theck a box below to indicate whether the financial statements for the year were compiled or aseparate basis. Zb X 16 Yes, 'theck a box below to indicate basis, or both: Za X Zb X 16 Yes', 'theck a box below to	3	Revenue less expenses. Subtract line 2 from line 1	3		(82,	811)
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, colurm (B)) 10 1, 281, 865 Part XII Financial Statements and Reporting 10 1, 281, 865 Part XII Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Cher Za X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X X X 18 Bosth consolidated and separate basis. Consolidated basis, or both: Separate basis, consolidated basis, or both: Za X X X 19 Yes, "check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zb X	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	364,	676
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 1, 281, 865 Part XII Financial Statements and Reporting 10 1, 281, 865 Part XII Financial Statements and Reports and Reporting 10 1, 281, 865 Part XII Financial Statements and Reporting 10 1, 281, 865 Part XII Financial Statements on the to any line in this Part XII 11 1, 281, 865 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 12 2a X 1 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X X 14 Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X X 14 Yes No 14 Yes No 14 Yes No 14 Yes <t< th=""><th>5</th><th>Net unrealized gains (losses) on investments</th><th>5</th><th></th><th></th><th></th></t<>	5	Net unrealized gains (losses) on investments	5			
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 1, 281, 865 Part XII Financial Statements and Reporting 10 1, 281, 865 Part XII Financial Statements and Reporting 10 1, 281, 865 Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: 2b X If "Yes," the a basis, consolidated basis, or both: Separate basis Consolidated basis, or both: 2b X 2c X	6		6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 281, 865 Part XII Financial Statements and Reporting 10 1, 281, 865 Check if Schedule O contains a response or note to any line in this Part XII 11 1, 281, 865 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a x 1 The organization's financial statements compiled or reviewed by an independent accountant? 2a x 1 16 Yes, "check a box below to indicate whether the financial statements for the year were audited on a separate basis, or solidated basis Both consolidated and separate basis 2b <td< th=""><th>7</th><th>1</th><th>7</th><th></th><th></th><th></th></td<>	7	1	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 281, 865 Part XII Financial Statements and Reporting Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains attements for the year or checked "Other," explain on Schedule O. 2a x 2a x If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: Image: Separate basis 2b x 3a Separate basis Consolidated basis Both consolidated	8		8			
32, column (B)) 1, 281, 865 Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII Image: the space of the s		32, column (B))	10	1,	281,	865
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa					_
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Separate basis Image: Separate basis Consolidated basis Image: Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? Image: Both consolidated basis? If the organization undergo the required audit or audits? If the organizati	1	Accounting method used to prepare the Form 990: 📋 Cash 🕱 Accrual 📋 Other				
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a x If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis						
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis, or both: Im						
reviewed on a separate basis, consolidated basis, or both: Separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
Separate basis Consolidated basis Both consolidated and separate basis 2b x b Were the organization's financial statements audited by an independent accountant? 2b x if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b x x Separate basis Consolidated basis Both consolidated and separate basis		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
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 X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b						
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a x b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3a x		Schedule O.				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	3a					
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			· · · · · ·	3a		x
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form 990 (2022)

SCHEDULE /	Α
(Form 990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2022
Opon to Public

Department of the Treasury								Open to Public
			www.irs.gov/Form990 for instructions and the latest information.					Inspection
Name	ne of the organization Employer identification number					n number		
Civi	l Eats						84-482641	L9
Par	t I Reason	for Public Cha	rity Status. (A	II organizations mus	st comple	ete this p	part.) See instruct	tions.
The o	rganization is not a	private foundation b	ecause it is: (For li	nes 1 through 12, check	only one b	ox.)		
1	A church, con	vention of churches, o	or association of ch	nurches described in sec	tion 170(b)(1)(A)(i).		
2	A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	n Schedule E (Form 990)	.)			
3	A hospital or a	cooperative hospital	service organizatio	on described in section 1	70(b)(1)(A	A)(iii).		
4	A medical rese	earch organization op	erated in conjunction	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
	hospital's nam	e, city, and state:				. ,		
5		· · —	nefit of a college o	r university owned or ope	erated by a	qovernme	ental unit described in	
	_)(1)(A)(iv). (Complete	Ũ	, , , , , , , , , , , , , , , , , , ,	,	5		
6			,	unit described in section	170(b)(1)	(A)(v).		
7	=	-	-	art of its support from a g			from the general public	C
		ection 170(b)(1)(A)(v						
8				/i). (Complete Part II.)				
9	Ξ .			tion 170(b)(1)(A)(ix) ope	erated in co	niunction	with a land-grant colle	ae
		-		(see instructions). Enter		•	-	5
	university:	5	5 5	(, , , , , , , , , , , , , , , , , , ,	,	,	5	
10	_ · _	on that normally receiv	ves: (1) more than	33 1/3% of its support fro	om contribu	utions. mer	mbership fees, and are	oss
	receipts from a	activities related to its	exempt functions,	subject to certain except	tions; and	(2) no mor	e than 33 1/3% of its	
				<pre>business taxable income section 509(a)(2). (Com</pre>			() from businesses	
11		-		test for public safety. Se	-			
12		•	•	or the benefit of, to perfor				oses of
		•	-	ed in section 509(a)(1) or			• • •	
				pe of supporting organization				
а		-		vised, or controlled by its		•	•	
-				rly appoint or elect a maj	••	Ũ		
		,		t IV, Sections A and B.	,			
b		•	-	controlled in connection w	rith its supr	orted ora	anization(s), by having	1
			•	ation vested in the same		Ũ		
		on(s). You must com					5 11	
с		. ,	•	ganization operated in co	nnection w	rith. and fu	nctionally integrated w	rith.
				ou must complete Part				,
d		• • • •	,	ng organization operated				on(s)
				n generally must satisfy a				()
		, ,	•	ete Part IV, Sections A a		•		
е	_			en determination from the			I, Type II, Type III	
	functional	y integrated, or Type	III non-functionally	integrated supporting or	ganization			
f	Enter the numbe	er of supported organi	izations					
g	Provide the follo	wing information abo	ut the supported or	rganization(s).				
	(i) Name of supported o	rganization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		•		(described on lines 1-10	listed in you		support (see	other support (see
				above (see instructions))	docum	ient?	instructions)	instructions)
					Yes	No		
(A)								
(D)								
(B)								
(C)								
(D)								
(_)								

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

(E)

Schedu Part	le A (Form 990) 2022 Civil Eats	ations Desc	ribed in Sec	tions 170(b)	$(1)(\Delta)(iy)$ and	84-482641	
I art	(Complete only if you checked the						
	Part III. If the organization fails t						any under
Socti	on A. Public Support	o quality und		isted below, p	lease comple		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(b) 2019	(C) 2020	(u) 2021	(e) 2022	
1	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the			1,964,722	569,757	760,131	3,294,610
2	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		1	1 064 700		P C0 101	2 004 610
4 5	The portion of total contributions by			1,964,722	569,757	760,131	3,294,610
5	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						726,734
-	on B. Total Support						2,567,876
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	(a) 2010	(b) 2013				
8	Gross income from interest, dividends,			1,964,722	569,757	760,131	3,294,610
0	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources				620		620
9	Net income from unrelated business				632		632
5	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,295,242
12	Gross receipts from related activities, etc	(see instructi	ons)			12	13,150
13	First 5 years. If the Form 990 is for the o	•	,				
	organization, check this box and stop he	•			•		
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line		-	11 column (f))		14	%
15	Public support percentage from 2021 Sch		•			15	%
16a	33 1/3% support test - 2022. If the organ						
	box and stop here . The organization qua						
b	33 1/3% support test - 2021. If the organ						
~	this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 20		• • • •	-			_
	10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa					•	
	organization			-	-		· _
b	10%-facts-and-circumstances test - 20						
U	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					•	
	organization			•	•		·· _
18	Private foundation. If the organization d						
10	C C						_
	instructions						<u>••••</u>

Π

Π

Secti	on A. Public Support						
Calen	dar 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.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources $\ .$						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	0	rst, second, th	ird, fourth, or fi	ifth tax year as	a section 50	1(c)(3)
	organization, check this box and stop her						[]
	on C. Computation of Public Suppo						
15	Public support percentage for 2022 (line 8		•			15	%
<u>16</u>	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2022 (17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the orga	nization did n	ot check the bo	ox on line 14, a	and line 15 is m	ore than 33 [°]	1/3%, and line

17 is not 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions... 20

EEA

Civil Eats Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Page 3 84-4826419

Part		+- C	ti	- ^
	(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, comple			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part			te
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part	V.)	
ecti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	2		
Ba	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
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.	3b		
с	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	ти		
N	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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	-		
C	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)	4.		
-	purposes.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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.	9a		
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 .	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	55		
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0~		30		_
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4942(f) (regarding contain Type II) expertise organizations, and all Type III per functionally integrated			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
	supporting organizations)? If "Yes," answer 10b below.	10a		_
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	4.61		
	determine whether the organization had excess business holdings.)	10b		

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Schedule A (Form 990) 2022

 Part IV
 Supporti

 orm 990) 2022
 Civil Eats

 Supporting Organizations

Schedul	e A (Form 990) 2022 Civil Eats	84-4826419		F	age 5
Part	IV Supporting Organizations (continued)				
		_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described on line	es 11b and			
	11c below, the governing body of a supported organization?		11a		
b	A family member of a person described on line 11a above?	l l l l l l l l l l l l l l l l l l l	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 1	1c,			
	provide detail in Part VI .		11c		
Section	on B. Type I Supporting Organizations				
				Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization'				
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one				
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated an				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	J	1		
2	Did the organization operate for the benefit of any supported organization other than the supporte	d			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," expl				
	VI how providing such benefit carried out the purposes of the supported organization(s) that operation				
	supervised, or controlled the supporting organization.	,	2		
Section	on C. Type II Supporting Organizations	I			
				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the	e directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI ho	w control			
	or management of the supporting organization was vested in the same persons that controlled or				
	the supported organization(s).	-	1		
Section	on D. All Type III Supporting Organizations				
				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x			
	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 a	n Part VI how			
	the organization maintained a close and continuous working relationship with the supported organ	ization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organization				
	a significant voice in the organization's investment policies and in directing the use of the organization	ation's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organized	ation's			
	supported organizations played in this regard.		3		
Section	on E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test durin	g the year (see	e inst	tructi	ons).
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>				
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
С	The organization supported a governmental entity. Describe in Part VI how you supported a government ent	ty (see instruction	ns).		
2	Activities Test. Answer lines 2a and 2b below.	, г		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt p				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI				
	those supported organizations and explain how these activities directly furthered their exempt	· ·			
	how the organization was responsive to those supported organizations, and how the organization	determined			
	that these activities constituted substantially all of its activities.	-	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's				
	involvement, one or more of the organization's supported organization(s) would have been engag				
	"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.	Ļ	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, director	s, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	Ĺ	3a		
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.		3b		
EEA		Schedule	e A (Fr	orm 99	0) 2022

(Forn 990) 2

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sec	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
	-			(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		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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		
ecti	on 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	ally inf	regrated Type III suppo	 orting organization

EEA

Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 Civil Eats V Type III Non-Functionally Integrated 509(a)(2) Supporting Organ		326419 Page 7
	on D - Distributions	s) Supporting Organ		Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1
2	Amounts paid to perform activity that directly furthers exe			•
-	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ		3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Par		5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	provide detaile in T un		6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which	the organization is res		·
•	(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			0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii)
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - <i>explain in Part VI).</i> See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			
EEA				Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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.)

SCHEDULE D
(Form 990)

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. 2022 Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Eats	84-4826419					
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	unts.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.						
	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised						
	funds are the organization's property, subject to the organization's exclusive legal control?	No					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used						
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose						
	conferring impermissible private benefit?	No					
Par	II Conservation Easements.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check all that apply).						
	Preservation of land for public use (for example, recreation or education)	orically important land area					
	Protection of natural habitat	ified historic structure					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	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	Total acreage restricted by conservation easements	2b					
с	Number of conservation easements on a certified historic structure included in (a)	2c					
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a						
	historic structure listed in the National Register	2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the					
	tax year	-					
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it holds?	Yes 🗌 No					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati						
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation en	asements during the year					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4))(B)(i)					
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement and					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the					
	organization's accounting for conservation easements.						
Par	III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ner Similar Assets.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	lance sheet works					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	ance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	ce sheet works of					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1	\$					
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide the					
	following amounts required to be reported under FASB ASC 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1	· · · · · \$					
b	Assets included in Form 990, Part X	\$					
For Pa	perwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022					

	le D (Form 990) 2022 Civil 1							84-4826		Page 2
Par	t III Organizations Ma	aintaining C	collections of	Art, Histor	rical 1	Freasures,	or Ot	her Similar A:	ssets (co	ontinued)
3	Using the organization's acquis	sition, accessior	n, and other record	ds, check any	of the f	ollowing that m	nake si	gnificant use of its		
	collection items (check all that	apply):								
а	Public exhibition			d 🗌	Loan or	r exchange pro	gram			
b	Scholarly research			е 🗌 (Other					
с	Preservation for future gene	erations		_		-				
4	Provide a description of the org		lections and explai	in how they fu	ther the	e organization'	s exen	npt purpose in Par	t	
	XIII.	-	·			0				
5	During the year, did the organiz	zation solicit or	receive donations	of art. historic	al treas	sures. or other	similar			
	assets to be sold to raise funds								. TYes	□ No
Par	t IV Escrow and Cust									
	Complete if the or			" on Form §	90, P	art IV, line 9	9, or i	eported an an	nount on	Form
	990, Part X, line 2	-						·		
1a	Is the organization an agent, tr	ustee, custodia	n or other interme	diary for contri	butions	s or other asse	ts not			
	included on Form 990, Part X?								. TYes	No
b	If "Yes," explain the arrangeme									_
			•	0				Am	ount	
с	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e	-		
f	Ending balance						1f			
2a	Did the organization include ar							tv?	. TYes	No
	If "Yes," explain the arrangeme							•	_	П
Par										
	Complete if the or	ganization a	nswered "Yes'	" on Form 9	90. P	art IV, line	10.			
	-	5	(a) Current year	(b) Prior ye		, (c) Two years b	- 1	(d) Three years back	(e) Four	/ears back
1a	Beginning of year balance	⊢	(u) ourion you		u			(u) Three years back		
b	Contributions									
c	Net investment earnings, gains									
U										
d	Grants or scholarships									
	Other expenditures for facilities									
е	programs									
f	Administrative expenses									
	End of year balance									
g 2	Provide the estimated percenta		nt year and balan		umn (a					
2	Board designated or quasi-end	-	•	ce (inte 19, coi	uiiii (a	i)) neiu as.				
a		.0wment%	70							
b	Permanent endowment	70								
С	Term endowment		Id agual 100%							
2-	The percentages on lines 2a, 2			ation that are	مماط مع	d administara	d far th			
3a	Are there endowment funds no	n in the possess	sion of the organiz	auon mai are	neiu af	iu auministere		C	Г	Yes No
	organization by:									Yes No
	(i) Unrelated organizations .(ii) Related organizations .								. 3a(i)	
b	If "Yes" on line 3a(ii), are the re	-	•				• • • •		. 3b	
4	Describe in Part XIII the intend t VI Land. Buildings.			owment funds	•					
Far	t VI Land, Buildings, Complete if the or			on Form (Part IV line	11.2 9	See Form 000	Part V I	ino 10
	•	ganization a								
	Description of property		(a) Cost or oth (investme			r other basis other)	• •	Accumulated	(d) Book	value
4 -	Land		· ·		(0					
1a ⊾										
b										
C	Leasehold improvements									
d										
e Total	Other			<u> </u>	R. 1	25,335		9,790		15,545
Total.	Add lines 1a through 1e. (Colun	nn (d) must equ	ai ⊢orm 990, Part	x, column (B),	line 10	ю.) • • • • •				15,545

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990, Part IV, lii	ne 11b. See Forn	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Me	ethod of valuation: d-of-year market value
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Yes" on		ne 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	.,	ethod of valuation: d-of-year market value
(1)				·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) • • • • • • • • • • • • • • • • • • •	•		
Fartix	Complete if the organization answered "Yes" or	Eorm 990 Part IV li	ng 11d See Form	000 Part X line 15
		11 OITH 330, 1 art IV, III		
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columr Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.		ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability (b)	Book value		
(1) Federal i	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
-	b) must equal Form 990, Part X, col. (B) line 25.) • •			
-	uncertain tax positions. In Part XIII, provide the text of the footn	-		·
organization's	liability for uncertain tax positions under FASB ASC 740. Check	chere if the text of the footn	ote has been provide	d in Part XIII • • • • • 🗴

84-4826419

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Schedule D (Form 990) 2022

Civil Eats

	D (Form 990) 2022 Civil Eats				26419 Page 4	
Part				r Retu	urn.	
	Complete if the organization answered "Yes" on Form 990, F	Part I	/, line 12a.			
1	Total revenue, gains, and other support per audited financial statements \ldots .			1	768,424	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1			
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	47,540			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	47,540	
3	Subtract line 2e from line 1			3	720,884	
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	720,884	
Part				per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, F	Part I	/, line 12a.			
1	Total expenses and losses per audited financial statements			1	851,235	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	47,540			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	47,540	
3	Subtract line 2e from line 1			3	803,695	
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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	803,695	
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 1	b and 2b; Part V, line 4;	Part X,	line	
2; Part	KI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny addi	itional information.			
01. F	ootnote for uncertain tax position under FIN 48 (Part	X)				
Civil	Eats is exempt from federal income taxes under Section	n 50	1(c)(3) of the 1	Inter	nal Revenue Code.	
The a	ccounting standard on accounting for uncertainty in in	come	taxes addresses	s the	determination of	
wheth	er tax benefits claimed or expected to be claimed on a	tax	return should h	oe re	corded in the	
finan	cial statements. Under that guidance, Civil Eats may r	ecog	nize the tax ber	nefit	: from an	
uncer	tain tax position only if it is more likely than not t	hat	the tax position	n wil	<u>l be sustained on</u>	
exami	nation by taxing authorities based on the technical me	rits	of the position	n. Ex	amples of tax	
posit	ions include the tax-exempt status of Civil Eats and v	ario	us positions rel	Lated	to the potential	
sourc	es of unrelated business taxable income (UBIT).					
The t	ax benefits recognized in the financial statements fro	m su	ch a position a	re me	asured based on	
_						
<u>the</u> 1	argest benefit that has a greater than 50% likelihood	of b	eing realized up	<u>oon</u> u	ltimate	
<u>sett</u> l	ement. There were no					

Schedule D (Form 990) 2022 Civil Eats Part XIII Supplemental Information (continued)	84-4826419 Page 5
Part XIII Supplemental Information (continued)	
01. Footnote for uncertain tax position under FIN 48 (Part X)	
unrecognized tax benefits identified or recorded as liabilities at year	ar end.
Civil Eats' policy would be to recognize interest and penalties, if an	ny, on tax positions related to
its unrecognized tax benefits in income tax expense in the financial s	statements. No interest and
penalties were assessed or recorded during the year.	
	Schedule D (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 84-4826419

Civil Eats

01. Form 990 governing body review (Part VI, line 11)

FORM 990 IS DISTRIBUTED TO THE BOARD PRIOR TO FILING.

02. Conflict of interest policy compliance (Part VI, line 12c)

BOARD MEMBERS DISCLOSE AND REVIEW POTENTIAL CONFLICTS OF INTEREST ANNUALLY.

03. CEO, executive director, top management comp (Part VI, line 15a)

BOARD REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR ANNUALLY AND CALIBRATES

COMPENSATION BASED UPON RESEARCH

04. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES PUBLIC DOCUMENTS AVAILABLE UPON REQUEST.

05. List of other fees for services expenses (Part IX, line 11g)

\$157,337 Contractors for Stories

Other Professional Fees \$ 16,333