Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	or th	e 2019 calendar year, or tax year beginning and	a enaing		
В	Check if applicab	C Name of organization		D Employer identifie	cation number
	Addre				
	Name	e Doing business as		27-51120	40
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Final return	1200 WEST BROADWAY AVE	180	612-588-	7611
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	4,117,026.
	Amer	ded MINNEADOLIC MN 55/11		H(a) Is this a group re	
Г	Appli tion			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—
Τ.	Tax-ex	empt status: X 501(c)(3) 501(c) ()	or 527	1	list. (see instructions)
		te: WWW.APPETITEFORCHANGEMN.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	State of legal domicile: MN
	art I	Summary	= 100.	01101111uuon, = 0 = = 11	· Otato or logar dominino, ===-
	1	Briefly describe the organization's mission or most significant activities: COMM	UNITY-	LED FOOD JUS	STICE ORG.
9	l .	USING FOOD AS A TOOL FOR BUILDING HEALTH			
Jan	2	Check this box if the organization discontinued its operations or disposit			
Je J	3			3	12
é	4	Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			12
જ	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			130
ties	6				30
Activities & Governance	0	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ą	/ a	Net unrelated business taxable income from Form 990-T, line 39			0.
_	B	Net unrelated business taxable income nom Form 990-1, line 39		Prior Year	Current Year
		Contributions and grants (Part VIII line 1b)		1,437,550.	3,074,469.
ne	8	Contributions and grants (Part VIII, line 1h)		1,083,929.	1,030,267.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,409.	12,290.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,535,888.	4,117,026.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,795,268.	1,914,317.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,795,208.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ω X	. b	Total fundraising expenses (Part IX, column (D), line 25)		1 064 701	1 270 604
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,264,791.	1,279,684.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,060,059.	3,194,001.
	19	Revenue less expenses. Subtract line 18 from line 12		-524,171.	923,025.
Net Assets or			Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		1,077,780.	2,231,457.
F. A.	21	Total liabilities (Part X, line 26)		252,376.	483,028.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		825,404.	1,748,429.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule		•	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Character of all the		D-1-	
Sig	n	Signature of officer		Date	
He	e	MICHELLE HOROVITZ, EXECUTIVE DIRECTOR			
		Type or print name and title		D-1- T =	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		DEIRDRE HODGSON DEIRDRE HODGSON	1	.1/12/20 self-employ	
	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749
Use	Only	Firm's address ▶ 220 S 6TH STREET, SUITE 300			
		MINNEAPOLIS, MN 55402		Phone no. 61	<u>2-376-4500</u>
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: COMMUNITY-LED FOOD JUSTICE ORGANIZATION USING FOOD AS A TOOL FO	ND
	BUILDING HEALTH, WEALTH, AND SOCIAL CHANGE	<u>/K</u>
	DOIDDING HEADIN, WEADIN, AND SOCIAL CHANGE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	103 [11] 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ū	If "Yes," describe these changes on Schedule O.	103 [22] 110
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 experience of the section 501(c)(2) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4)	•
	revenue, if any, for each program service reported.	Aponoco, and
4a	(Code:) (Expenses \$1, 765, 725. including grants of \$ 0.) (Revenue \$	712,890.)
	ALL OTHER ACTIVITIES: FOOD-RELATED PROGRAMS (COMMUNITY COOKS	<u>, , , , , , , , , , , , , , , , , , , </u>
	WORKSHOPS, URBAN FARMING, FOOD EDUCATION, WORKSHOPS, POLICY AND)
	ADVOCACY, ETC.).	
	•	
4b	(Code:) (Expenses \$	286,764.)
	BREAKING BREAD CAFE: CAFE AND CATERING SERVICES PROVIDING EMPLO	YMENT &
	JOB TRAINING TO RESIDENTS OF NORTH MINNEAPOLIS.	
40	(Code:) (Expenses \$	30,613.)
40	KINDRED KITCHEN: INDUSTRIAL KITCHEN SPACE AND FOOD BUSINESS INC	
	PROGRAM RENTED TO THIRD-PARTY CATERERS AND FOOD TRUCKS, PROVIDE	
	SKILLS AND EMPLOYMENT OPPORTUNITIES TO THE COMMUNITY.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,661,632.	
		Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
ızu	, ,	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		\ x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> </u>
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	17		<u> X</u>
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		_		_

Part IV	Ch	ecklist of Required Schedules	(continued)

Del 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 (, Parts) and III 2. Del the organization answer Yes to Part IVI, Section A, line 3.4, or is about compensation of the organization scurrent and former offices, directors, flustees, key employees, and highest compensation or the organization scurrent and former offices, directors, flustees, key employees, and highest compensation or the organization scurrent and former offices, directors, flustees, key employees, and highest compensation or the organization scurrent and former offices, directors, flustees, key employees, and highest compensation or the organization scurrent and former offices, directors, flustees, key employees, and highest compensation or the flustees of the organization or the scurrent or the scurrent or the organization or the scurrent or the organization or the scurrent or the organization or the scurrent or	ı aı	Office Rist of Required Scriedules (continued)		1	
Part IX. column (A), line 27 if "Yes," comprehes Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part IVI, Science On A, line 3, 4, of 3 about compensation of the organization is current and former officers, directors, fustices, key employees, and highest compensated employees? If "Yes," complete Schedule IX. If yes, that was issued after December 31, 2002? If "Yes," arrawer lines 240 pricing Vals and complete Schedule K. If "No," go to line 25a 24b Did the organization was a secure proceed on the secure of the compensation of the last day of the year, that was issued after December 31, 2002? If "Yes," arrawer lines 240 pricing Vals and complete Schedule K. If "No," go to line 25a 25b Did the organization miset any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization miset are an ecrow account other than a refunding secrew at any time during the year 10 declases any tax-exempt bonds? 25d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and the second of the organization process Schedule (Part II) 25d Did the organization and the second of the organization and any of the second of the organization and the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior prior prior got of 990 PSC If If "Yes," complete Schedule I, Part IV 25d 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, tru		-		Yes	No
23 Did the organization answer "Yes" to Part VII, Saction A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, fuselectors, fuselectors, fuselectors, fuselectors, fuselectors, and highest compensated employees? If "Yes," complete Schedule I. If "Yes," to the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the station of the very complete Schedule II. If "Yes," to line 25a. 24a	22				v
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV 24a Dit the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was sixued after December 31, 2002? If "Yes," answer lines 2db through 2dd and complete Schedule IV, If "No." go to line 25a. 25b Did the organization meet any proceeds of tax exempt bonds beyond a temporary period exception? 26c Did the organization meet any proceeds of tax exempt bonds beyond a temporary period exception? 26d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization and the standard of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction have not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior forms 990 or 990 EZ? If "Yes," complete Schedule I, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator and or former, exception that the transaction has not be a business transaction with on of the following parties (see Schedule I, Part IV 26 IV Was to organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee a restor or former officer, director, trustee, key employee					
Schedule / Was 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? // "Yes," answer lines 24b through 24d and complete Schedule K, if "No," go to line 25a. b Did the organization inwest any proseeds of tax-exempt bonds beyond a temporary period exception? c Did the organization inwest any proseeds of tax-exempt bonds beyond a temporary period exception? d Did the organization inwest any proseeds of tax-exempt bonds beyond a temporary period exception? d Did the organization inwest and any account office than a refunding excrow at any time during the year? d Did the organization marks and as an "on behalf of Issuer for bonds outstanding at any time during the year? d Did the organization account of the organization behalf of the part of the assaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I gest a Schedule I gest a Schedule I gest a Schedule I gest a Schedule I gest a Sched	23				
24a Dit 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 \$25b bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Dit the organization invest any accession of the third and accession accession of the third invest any time during the year to defease any tax-exempt bonds? 24c Dit the organization access as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25d Section 501(x)3, 501(x)4, and 501(x)29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule I, Part I 25a X b is the organization avave that it engaged in an excess benefit transaction with a disqualified preson in a prior year, and that the transaction was not been reported on any of the organizations prior Forms 990 or 990 EZ? If "Yes," complete Schedule I, Part I 25b X b is the organization and the property of the organization sprior Forms 990 or 990 EZ? If "Yes," complete Schedule I, Part I 25b X b is the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV 25b Did the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV 12b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV 25b Did the organization receive more than 325,000 in non-cash centrificers parties (see Schedule I, Part IV 12b Did the organization receive more than 325,000 in non-cash centrific		·	· I		v
slast 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 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization mirest any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization analysis and 50f(x)89 programations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 4d 4d 5a 8ection 50f(x)8, 50f(x)48, 4m 650f(x)89 programations. Did the organization gage in an excess benefit transaction with a disqualified person during the year? 4" "yes," complete Schedule I. Part I 25a 5a Section 50f(x)8, 50f(x)8, 4m 650f(x)8) programations. Did the organization species of the organization are provided on any of the organization's prior Forms 900 or 900-EZ? If "Yes," complete Schedule I. Part I 25b X 25b X 25b Did the organization period 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 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule I. Part II 27b X 25b X	04-				
Schedule K. If "No." go to line 25a bid the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization according to the complete of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction according to the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, tustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of member of any of these persons? If "yes," complete Schedule L, Part II I I I I I I I I I I I I I I I I I	24a				
b Did the organization miest any proceeds of tax-evempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization and at an any on behalf of "issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c/8), 501(c/4), and 501(c/82) 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 Section 501(c/8), 501(c/4), and 501(c/82) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization have 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-E2? If "Yes," complete Schedule L, Part I 25c 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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of member of any of these persons? If "Yes," complete Schedule L, Part II I I I I I I I I I I I I I I I I I					x
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contributions? If "Yes," complete Schedule M 30		,			
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 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 Regulation sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 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 35b X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Schedule O Government of Forms W-2G included in line 1a. Enter 0- if not applicable 1a 1a 18 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	30				x
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If "Yes," complete Schedule R, Part V, line 2 36	36				
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	1.	Enter the number reported in Boy 3 of Form 1006. Enter 0, if not applicable	18	162	140
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c					
(gambling) winnings to prize winners?					
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Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form **990** (2019)

If "Yes," complete Form 4720, Schedule O.

APPETITE FOR CHANGE, INC. 27-5112040 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶MN

exempt status with respect to such arrangements?

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)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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.

taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

State the name, address, and telephone number of the person who possesses the organization's books and records JON SLOCK - 612-588-7611

1200 WEST BROADWAY AVE, NO. 180, MINNEAPOLIS, MN 55411

Form **990** (2019)

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16a

16h

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A) Name and title	(B) Average hours per week	box	not cl	Pos heck i ss per id a di	more son i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) LATASHA POWELL	40.00								_		
CO-FOUNDER, DIRECTOR OF PR				Х				66,935.	0.	4,200.	
(2) PRINCESS TITUS	40.00							55.00=		2 - 24	
CO-FOUNDER, DIRECTOR OF ED	1000			Х				66,935.	0.	3,581.	
(3) MICHELLE HOROVITZ	40.00	-						66.045		•	
CO-FOUNDER, EXECUTIVE DIRE	1000			Х				66,945.	0.	0.	
(4) AARON PALM	40.00	ļ						50.040		4 000	
DIRECTOR OF STRATEGY/FINANCE	1 00	Х						58,849.	0.	4,200.	
(5) ARTHUR BERMAN	1.00	.,		.,						0	
BOARD CHAIR/TREASURER	1 00	Х		Х				0.	0.	0.	
(6) HARVEY RUPERT	1.00	3,7		3,7					0	0	
BOARD SECRETARY	1 00	Х		Х				0.	0.	0.	
(7) LESTER ROYAL III	1.00	Х		х				0.	0.	0	
BOARD MEMBER (8) LUARETTA TOWNS	1.00	Δ		Λ				0.	0.	0.	
BOARD MEMBER	1.00	Х						0.	0.	0.	
(9) ELIZER DARRIS	1.00	Λ						0.	0.	0.	
BOARD MEMBER	1.00	Х						0.	0.	0.	
(10) BRENT MARMO	1.00	Λ						0.	0.	0.	
BOARD MEMBER	1.00	х						0.	0.	0.	
(11) TRENT TAHER	1.00	77						0.	0.	0.	
BOARD MEMBER	1.00	х						0.	0.	0.	
(12) JOSELYNN FYNBOH	1.00							•	•	•	
BOARD MEMBER	100	х						0.	0.	0.	
(13) LEE FRIEDMAN	1.00							•	•	•	
BOARD MEMBER		х						0.	0.	0.	
(14) ARIEL TAUER	1.00								•	•	
BOARD MEMBER		Х						0.	0.	0.	
(15) SHAKUR JUKES	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(16) DARLYNN BENJAMIN	1.00										
BOARD MEMBER		Х						0.	0.	0.	
									_		

Form 990 (2019)

	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee (A) (B) (C) (D)							(D)	(E) (F)					
	Name and title	Average hours per week	box	Position (do not check more than of box, unless person is both officer and a director/truste			than c s both	an	Reportable compensation from	Reportable compensation from related	1	an	timated nount o other	
		(list any hours for related organizations	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISO	SC) from the organization and relate		e on ed	
		below line)	Individu	Institutio	Officer	Key employee	Highest employe	Former				orga	anizatio	ns
			•											
	Subtotal		<u> </u>	<u> </u>					259,664.		0.	1:	1,98	31.
С	Total from continuation sheets to Part V								0.		0.			0.
-1	Takal (adal linea dla anal da)								259 664			1 ·	1 0.0	≀1
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but r compensation from the organization							<u> </u>	259,664. eceived more than \$100,		0.	1:	1,98	
	Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove)) wh	o re	eceived more than \$100,	000 of reportable	0.	1:		
2	Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for serior any individual listed on line 1a, is the serior and individual listed on line 1a.	not limited to th , director, trust such individual um of reportabl	ee, k	liste	d ab	ove)	who	hig oth	hest compensated empler compensation from the	000 of reportable oyee on		3	Yes	0 N o X
3	Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for se	not limited to the director, trust such individual um of reportable 0,000? If "Yes,	ee, k	key e	emple	oyee) who	hig oth	hest compensated empensated compensation from the compensation from the compensation from the compensation and the compensation from	000 of reportable loyee on ne organization			Yes	0 No
3 4 5	Total number of individuals (including but in compensation from the organization Did the organization list any former officer line 1a? <i>If</i> "Yes," complete Schedule J for some for any individual listed on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," controlled to the organization?	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue comper	ee, k	liste	emple ensate	oyee	e, or and	hig oth	hest compensated empler compensation from the compensation from the compensation or individual endorganization or individual contents.	000 of reportable loyee on loyee on loyee organization	0.	3	Yes	0 N o X
3 4 5	Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for serior any individual listed on line 1a, is the serior and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue compernalete Schedule ompensated incompensated inco	ee, keeco	liste	emplomensation of the second control of the	ooyee) who	hig oth	hest compensated empiner compensation from the compensation from the compensation or individual organization or individual at received more than \$	oyee on ne organization dual for services		3 4 5	Yes	0 No X
3 4 5	Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for second for any individual listed on line 1a, is the second for any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue compensated incente calendar years."	ee, k ee co	liste	d ab	ooyee) who	hig oth	hest compensated empiner compensation from the compensation from the compensation or individual organization or individual at received more than \$	ooyee on dual for services 100,000 of compe		3 4 5	Yes	0 No X X
3 4 5	Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors (A)	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue compensated incente calendar years."	ee, k ee co	liste	d ab	ooyee) who	hig oth	hest compensated empiner compensation from the compensation or individual ed organization or individual treceived more than \$ the organization's tax y	ooyee on dual for services 100,000 of compe		3 4 5	Yes	0 No X X
3 4 5	Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors (A)	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue compensated incente calendar years."	ee, k ee co	liste	d ab	ooyee) who	hig oth	hest compensated empiner compensation from the compensation or individual ed organization or individual treceived more than \$ the organization's tax y	ooyee on dual for services 100,000 of compe		3 4 5	Yes	0 No X X
3 4 5	Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors (A)	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue compensated incente calendar years."	ee, k ee co	liste	d ab	ooyee) who	hig oth	hest compensated empiner compensation from the compensation or individual ed organization or individual treceived more than \$ the organization's tax y	ooyee on dual for services 100,000 of compe		3 4 5	Yes	0 No X X
3 4 5	Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors (A)	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue compensated incente calendar years."	ee, k ee co	liste	d ab	ooyee) who	hig oth	hest compensated empiner compensation from the compensation or individual ed organization or individual treceived more than \$ the organization's tax y	ooyee on dual for services 100,000 of compe		3 4 5	Yes	0 No X X
3 4 5	Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors (A)	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue compendete Schedule ompensated incente calendar yes address	ee, k ee co cossati	ompe ompe on fir on su	d ab	oyee oyee oyee oyee oyee oyee oyee oyee	e list	hig oth s J felate	hest compensated emplorer compensation from the compensation or individual control or such individual control or individual control	ooo of reportable loyee on ne organization dual for services 100,000 of competer. ervices		3 4 5	Yes	0 No X X

Part VIII	Statement of Revenue
-----------	----------------------

		Chack if Schodulo O contains a response of	er noto to any lin	o in this Dart VIII			
		Check if Schedule O contains a response o	r note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
s is	1 a	Federated campaigns 1a					
an un	ŀ	Membership dues 1b					
جَ ۾		Fundraising events 1c					
Ę,							
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d	215,949.				
ns,		• • • • • • • • • • • • • • • • • • • •	413,343.				
tio S	f	All other contributions, gifts, grants, and	050 500				
ള			858,520.				
발임	ç	Noncash contributions included in lines 1a-1f					
Son	ŀ	Total. Add lines 1a-1f		3,074,469.			
			Business Code				
a)	2 8	PROGRAM SERVICE REVENU	900099	1,030,267.	1,030,267.		
ξ	- t						
er ne							_
n S	(
a Se	C						
Program Service Revenue	•	·					
۵	f	All other program service revenue					
	ç	Total. Add lines 2a-2f	>	1,030,267.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 4		(.,,				
	6 a						
	K	Less: rental expenses 6b					
	C	Rental income or (loss)					
	C	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
e		and sales expenses 7b					
en		Gain or (loss) 7c					
Revenue		Net gain or (loss)	•				
e		Gross income from fundraising events (not					
ğ	0.	including \$ of					
٦							
		contributions reported on line 1c). See	7 050				
		Part IV, line 18	7,050.				
	k	Less: direct expenses 8b	0.	7 050			7 050
	C	Net income or (loss) from fundraising events	_	7,050.			7,050.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	Less: direct expenses9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
\dashv		Tree income or tioss) nom sales or inventory	Business Code				
2		MTCCELLANDOILC	900099	5,240.			5,240.
eo e	11 a	MISCELLANEOUS	200033	5,440.			3,440.
lan en	k						
g çe	•						
Miscellaneous Revenue	C	All other revenue		F 0.45			
\perp	•	Total. Add lines 11a-11d		5,240.	4 000 000		46.55
	12	Total revenue. See instructions	>	4,117,026.	<u>ц,030,267.</u>	0.	12,290.

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0.01 6.45	051 645		
	trustees, and key employees	271,645.	271,645.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 445 065	1 071 041	01 107	00 017
7	Other salaries and wages	1,445,065.	1,271,941.	81,107.	92,017
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	61,911.	25 01 <i>6</i>	28,716.	7 2/0
9	Other employee benefits	135,696.	25,946. 122,315.	6,328.	7,249 7,053
10	Payroll taxes	133,090.	144,313.	0,340.	7,055
11	Fees for services (nonemployees):				
_	Management				
b	9	17,453.	8,243.	8,032.	1,178
	Accounting	17,433.	0,243.	0,032.	1,170
	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch O.)	175,756.	85,289.	65,970.	24 497
12	Advertising and promotion	11,106.	5,469.	5,498.	24,497 139
13	Office expenses	77,312.	34,691.	40,037.	2,584
14	Information technology	36,665.	16,233.	11,970.	8,462
15	Royalties	30,0001	20,2001	22/3/00	0,102
16	Occupancy	171,931.	110,870.	56,170.	4,891
17	Travel	45,814.	36,340.	8,674.	800
 18	Payments of travel or entertainment expenses		00,000	7,4121	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,339.	3,623.	716.	
21	Payments to affiliates	·			
22	Depreciation, depletion, and amortization	65,364.	65,364.		
23	Insurance	11,464.	4,531.	6,576.	357
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COOR OF COOR COLD	483,225.	483,225.		
b	EQUIPMENT AND MAINTENAN	68,269.	63,761.	2,051.	2,457
С	PROGRAM MATERIALS	61,462.	52,146.	7,547.	1,769
d	BAD DEBT EXPENSE	40,761.		40,761.	
е	All other expenses	8,763.		2,144.	6,619
25	Total functional expenses. Add lines 1 through 24e	3,194,001.	2,661,632.	372,297.	160,072
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lin	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			513,715.	1	1,434,220.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		234,500.	3	526,370.	
	4	Accounts receivable, net			98,478.	4	42,390.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial cont	ributor, or 35%			
		controlled entity or family member of any of t	hese persons			5	
	6	Loans and other receivables from other disqu	ualified person				
		under section 4958(f)(1)), and persons descri	bed in section	4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			7,191.	8	20,925.
As	9	B			11,694.	9	41,232.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	461,455.			
	b	Less: accumulated depreciation	10b	295,135.	212,202.	10c	166,320.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e		l l	1,077,780.	16	2,231,457.
	17	Accounts payable and accrued expenses			155,072.	17	134,869.
	18	Grants payable		18			
	19	Deferred revenue			48,975.	19	63,686.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV of S	Schedule D		21	
S	22	Loans and other payables to any current or f	ormer officer,	director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial cont	ributor, or 35%			
iabi		controlled entity or family member of any of t	hese persons			22	
	23	Secured mortgages and notes payable to un	related third p	arties	48,329.	23	284,473.
	24	Unsecured notes and loans payable to unrela	-			24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Co	omplete Part X			
		of Schedule D			252 256	25	
	26				252,376.	26	483,028.
"		Organizations that follow FASB ASC 958, or	check here	► <u>X</u>			
ĕ		and complete lines 27, 28, 32, and 33.			605 004		1 000 100
lan	27	Net assets without donor restrictions			607,904.	27	1,273,429.
Ä	28	Net assets with donor restrictions			217,500.	28	475,000.
ŭ,		Organizations that do not follow FASB AS6	C 958, check	here 🕨 📖			
F		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fun			29		
sse	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			005 404	31	1 740 400
Š	32	Total net assets or fund balances			825,404.	32	1,748,429.
	33	Total liabilities and net assets/fund balances			1,077,780.	33	2,231,457.

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	1	4,11 3,19 92	7,0 4,0 3,0 5,4	01. 25.	
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	1,74	8,4	29.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (D.	2a	Yes	No X	
	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: 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.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Act and OMB Circular A-133?		3a		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	ed audit	3b			
			Form	990	(2019)	

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** APPETITE FOR CHANGE, 27-5112040 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	982,950.	1258000.	2460488.	1437550.	3074469.	9213457.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	982,950.	1258000.	2460488.	1437550.	3074469.	9213457.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						2488247.	
6	Public support. Subtract line 5 from line 4.						6725210.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	982,950.	1258000.	2460488.	1437550.	3074469.	9213457.	
	Gross income from interest,	,					_	
_	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
·	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain						-	
	or loss from the sale of capital							
	assets (Explain in Part VI.)	2,365.	62.	10,101.	14,409.	5,240.	32,177.	
11	Total support. Add lines 7 through 10		<u> </u>			7 - 2 - 3	9245634.	
	Gross receipts from related activities,	etc. (see instruction	nns)			12 4	,006,820.	
	First five years. If the Form 990 is for	*	,				, ,	
	organization, check this box and stop							
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2019 (li	ine 6. column (f) di	vided by line 11. c	olumn (f))		14	72.74 %	
	Public support percentage from 2018					15	69.47 %	
	33 1/3% support test - 2019. If the o					ore, check this box	and	
	stop here. The organization qualifies							
b	33 1/3% support test - 2018. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organ	ization	
	meets the "facts-and-circumstances"			-	· · · · · · · · · · · · · · · · · · ·	-		
b	10% -facts-and-circumstances test							
	more, and if the organization meets th	_						
	organization meets the "facts-and-circ		•		•		>	
18	Private foundation. If the organization			•	,			
	Schedule A (Form 990 or 990-EZ) 2019							

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					+	
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						<u> </u>
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						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in 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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	

т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	N E71	<u> </u>

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		1 1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2		
Sec	non C. Type if Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N1 -
	Want a majority of the approximation to discontinuous design the day, one also a majority of the discontinuous		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). stion D. All Type III Supporting Organizations	1		
000	alon b. All Type in capporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	 3).		
а		•		
b				
С		structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	lly integra	ted Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	LV I	pe III Non-Functionally integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Dis	tributions			Current Year
1	Amounts				
2	Amounts				
	organizati				
3	Administr				
4	Amounts	paid to acquire exempt-use assets			
5	Qualified	set-aside amounts (prior IRS approval required)			
6	Other dist				
7	Total ann	ual distributions. Add lines 1 through 6.			
8	Distribution	ns to attentive supported organizations to which th	e organization is responsive		
	(provide d	etails in Part VI). See instructions.			
9	Distributa	ble amount for 2019 from Section C, line 6			
10	Line 8 am	ount divided by line 9 amount			
Secti	on E - Dis	tribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributa	ole amount for 2019 from Section C, line 6			
2	Underdist	ributions, if any, for years prior to 2019 (reason-			
	able caus	e required- explain in Part VI). See instructions.			
3	Excess di	stributions carryover, if any, to 2019			
а	From 201	4			
b	From 201	5			
С	From 201	6			
d	From 201	7			
е	From 201	3			
f	Total of li	nes 3a through e			
g	Applied to	underdistributions of prior years			
h	Applied to	2019 distributable amount			
i	Carryover	from 2014 not applied (see instructions)			
j	Remainde	r. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribution	ns for 2019 from Section D,			
	line 7:	\$			
а	Applied to	underdistributions of prior years			
b	Applied to	2019 distributable amount			
С	Remainde	r. Subtract lines 4a and 4b from 4.			
5	Remaining	g underdistributions for years prior to 2019, if			
	any. Subt	ract lines 3g and 4a from line 2. For result greater			
	than zero	explain in Part VI. See instructions.			
6	Remaining	g underdistributions for 2019. Subtract lines 3h			
	and 4b fro	m line 1. For result greater than zero, explain in			
	Part VI. S	ee instructions.			
7	Excess d	stributions carryover to 2020. Add lines 3j			
	and 4c.				
8	Breakdow	n of line 7:			
а	Excess fro	om 2015			
b	Excess fro	om 2016			
С	Excess fro	om 2017			
d	Excess fro	om 2018			
е	Excess fro	om 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:						
MISCELLANEOUS REVENUE						
2015 AMOUNT: \$ 2,365.						
2016 AMOUNT: \$ 62.						
2017 AMOUNT: \$ 10,101.						
2018 AMOUNT: \$ 14,409.						
2019 AMOUNT: \$ 5,240.						

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

AF	PPETITE FOR CHANGE, INC.	27-5112040						
Organization type (check o	one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organization is	s covered by the General Rule or a Special Rule.							
Note: Only a section 501(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See instructions.						
General Rule								
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's							
Special Rules								
sections 509(a)(1) any one contributo	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
Caution: An organization th	nat isn't covered by the General Bule and/or the Special Bules doesn't file Schedule B (Fo	rm 990 990-F7 or 990-PF)						

but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

APPETITE FOR CHANGE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>235,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 200,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 120,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>76,501.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

APPETITE FOR CHANGE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

APPETITE FOR CHANGE, INC.

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

Name of organization **Employer identification number** APPETITE FOR CHANGE, INC. 27-5112040 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

APPETITE FOR CHANGE, INC.

Employer identification number 27-5112040

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds 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 $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	,
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

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Par		Collections of Art			asures, or	Other	Similar		(continue	Page Z
	Using the organization's acquisition, access				-				(CONTINUE	2 a)
Ū	collection items (check all that apply):	ion, and other record	o, orroon t	arry or tirio i	onowing that	mano sig	i iii oan c	100 01 110		
а	Public exhibition	d		oan or exc	hange progra	m				
b	Scholarly research	е			nange progra					
c	Preservation for future generations	·								
4	Provide a description of the organization's c	ollections and explain	how the	v further th	ne organizatio	n's exem	nt nurnos	se in Part	XIII	
5	During the year, did the organization solicit of							oc iiii ait.	AIII.	
•	to be sold to raise funds rather than to be m				•				Yes	☐ No
Par										
	reported an amount on Form 990, Pa		oto ii tiio v	organizatio	ii anowerea	100 0111	01111 000	, , a, e, ,	1110 0, 01	
1a	Is the organization an agent, trustee, custod		iary for co	ontributions	s or other ass	ets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								,	
-		and complete the re-	g						Amount	
С	Beginning balance						1c		7 0	
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII						,			
Par).			
	<u> </u>	(a) Current year		ior year	(c) Two years			ears back	(e) Four ye	ears back
1a	Beginning of year balance		. ,			,				_
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
_	Provide the estimated percentage of the cur	•	e (line 1a.	column (a)) held as:	-				
а	Board designated or quasi-endowment	· · · · · · · · · · · · · · · · · · ·	%	()	,,					
b	Permanent endowment ▶	%								
	Term endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiza	tion that	are held ar	nd administere	ed for the	organiza	ation		
	by:	·					Ü		Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Scl	hedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	ed "Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990,	Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book v	alue
		basis (investn	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements				8,201.		05,0		153	122.
	Equipment				3,254.		90,05		13	198.
	Other									
	Add lines 1a through 1e. (Column (d) must e		X. columr	n (B). line 1	0c.)				166	320.

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Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

	OR CHANGE, INC.	27	-5112040 Page
Part VII Investments - Other Securities.		141 O E 000 B 1 V II 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) DOOK Value	(c) Wethod of Valuation. Cost of end	1-01-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	I1c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)	, ,	•	·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1d. See Form 990, Part X, line 15.	
(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir Part X Other Liabilities.	ne 15.)	>	
Complete if the organization answered "Yes"	on Form 900 Part IV line 1	I 10 or 11f Soo Form 900 Part V line 25	
(a) Description of liability	on Form 990, Part IV, line	TTE OF TTI. See FOITH 990, Part X, IIIIe 23.	(b) Book value
			(b) Book value
(1) Federal income taxes			
(3)			
(4)			
(5)			
(6)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(8) (9)

APPETITE	FOR	CHANGE,	INC.	27-5112040	Page
Revenue ner	Audite	d Financial	Statemen	ts With Revenue per Return	

Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,083,801.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	450,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е				2e	450,000.
3	Subtract line 2e from line 1			3	3,633,801.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	483,225.		
С	Add lines 4a and 4b			4c	483,225.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	4,117,026.
ı Pa					
ı u	rt XII Reconciliation of Expenses per Audited Financial		Expenses per F	teturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements			teturi	3,160,776.
	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	/, line 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	/, line 12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	/, line 12a.			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	/, line 12a. 2a 2b 2c			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	/, line 12a. 2a 2b 2c		1	3,160,776.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	/, line 12a. 2a 2b 2c 2d	450,000.	1 2e	3,160,776. 450,000.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	/, line 12a. 2a 2b 2c 2d	450,000.	1	3,160,776.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	/, line 12a. 2a 2b 2c 2d	450,000.	1 2e	3,160,776. 450,000.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	/, line 12a. 2a 2b 2c 2d	450,000.	1 2e	3,160,776. 450,000.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	/, line 12a. 2a 2b 2c 2d	450,000.	2e 3	3,160,776. 450,000. 2,710,776.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	/, line 12a. 2a 2b 2c 2d 4a 4b	450,000.	2e 3	3,160,776. 450,000. 2,710,776.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	/, line 12a. 2a 2b 2c 2d 4a 4b	450,000.	2e 3	3,160,776. 450,000. 2,710,776.

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

PART X, LINE 2:

APPETITE FOR CHANGE HAS A TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 483,225.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

APPETITE FOR CHANGE, INC. **Employer identification number** 27-5112040

FORM 990, PART VI, SECTION A, LINE 1: TREASURER, THE EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CHAIR, AND SECRETARY. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO VOTE ON ANY MATTER THAT THE FULL BOARD WOULD BE ABLE TO VOTE ON AT A MEETING WITH A QUORUM PRESENT. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD OF DIRECTORS WILL REVIEW THE FORM 990 IN ADVANCE OF A BOARD THE FINANCE COMMITTEE WILL REVIEW THE FORM 990 IN-DEPTH AND MEET WITH THE EXECUTIVE DIRECTOR FOR OUESTIONS. THE FINANCE COMMITTEE WILL MAKE RECOMMENDATION FOR APPROVAL TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD APPROVES THE SALARY FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR REVIEWS AND DETERMINES THE KEY EMPLOYEES' COMPENSATION. A REVIEW OF INDUSTRY STANDARDS IS USED IN THE DECISION-MAKING PROCESS. SECTION C, LINE 19: FORM 990, PART VI, THE ORGANIZATION DOES NOT MAKE IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS SINCE THE PRIOR YEAR.

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Schedule O (Form 990 or 990-EZ) (2019)