

Return of Organization Exempt From Income Tax

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the **2022** calendar year, or tax year beginning **01/01/2022** and ending **12/31/2022**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **LASAGNA LOVE INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
23 COLE AVE
 City or town, state or province, country, and ZIP or foreign postal code
WILLIAMSTOWN, MA 01267

D Employer identification number
85-2949240

E Telephone number
413-884-4052

G Gross receipts \$ **4,166,766**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **lasagnalove.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2020**

M State of legal domicile: **MA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: LASAGNA LOVE IS A GLOBAL NONPROFIT AND GRASSROOTS MOVEMENT THAT AIMS TO POSITIVELY IMPACT COMMUNITIES BY CONNECTING NEIGHBORS <i>(Continued on Schedule O, Statement 1)</i>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	46,000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,255,510	Current Year 4,141,625
	9	Program service revenue (Part VIII, line 2g)	20,081	24,674
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	467
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,275,591	4,166,766
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	7,644
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	42,411	344,330
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	116,014	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,170,887	3,866,127
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,213,298	4,218,101	
19	Revenue less expenses. Subtract line 18 from line 12	62,293	-51,335	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 142,703	End of Year 102,978
	21	Total liabilities (Part X, line 26)	17,793	29,403
	22	Net assets or fund balances. Subtract line 21 from line 20	124,910	73,575

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Andria Larson
Signature of officer

ANDRIA LARSON, EXECUTIVE DIRECTOR
Type or print name and title

11/07/2023
Date

Paid Preparer Use Only

Print/Type preparer's name: **JEREMY CORK**

Preparer's signature: *Jeremy Cork*

Date: **11/07/2023**

Check if self-employed

PTIN: **P01544850**

Firm's name: **EASY OFFICE DBA JITASA**

Firm's EIN: **26-2176601**

Firm's address: **1120 S RACKHAM WAY SUITE 300, MERIDIAN, ID 83642**

Phone no.: **208-287-4777**

May the IRS discuss this return with the preparer shown above? See instructions Yes No