Form **990**

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)

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

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning 01/01/2025 and ending 12/31/2025

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) 23 COLE AVENUE

Room/suite

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 617-812-9339

G Gross receipts $ 4,387,478

F Name and address of principal officer: ANDRIA LARSON
23 COLE AVENUE, WILLIAMSTOWN, MA 01267

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'S MISSION IS TO FEED FAMILIES, SPREAD KINDNESS, AND STRENGTHEN COMMUNITIES BY CONNECTING VOLUNTEER HOME COOKS WITH INDIVIDUALS AND FAMILIES IN NEED OF A HOME-COOKED MEAL. THROUGH ITS PLATFORM, LASAGNA LOVE CONNECTS NEIGHBORS WITH FAMILIES WHO ARE IN NEED OF SUPPORT.

2 Check this box ☐ 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	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	50,000
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,370,072	4,283,443
9	Program service revenue (Part VIII, line 2g)		59,111
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,146	16,701
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,389,218	4,359,255

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,971,810	3,922,135
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	163,994	188,045
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 74,904		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	160,547	164,669
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,296,351	4,274,849
19	Revenue less expenses. Subtract line 18 from line 12	92,867	84,406

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	180,447	273,498
21	Total liabilities (Part X, line 26)	23,221	31,866
22	Net assets or fund balances. Subtract line 21 from line 20	157,226	241,632

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 — 10/16/2026 — Date

ANDRIA LARSON, EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer Use Only

Preparer's name JEREMY CORK	Preparer's signature Jeremy Cork	Date 10/16/2026	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