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

Department of the Treasury Internal Revenue Service

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

<u>A</u>	רטו נוופ	ZUZZ Calelic	ar year, or tax year begin	ining		, 2022, a	ina enai	iig		, 20				
В	Check if a	applicable:	C Name of organization Me	ans Database Inc) Empl	oyer identification number				
П	Address of	change	Doing business as ME	ANS Database						47-4262060				
=	Name cha	•	_	x if mail is not delivered to street address)			Room/suit	- Ε	Teleni	hone number				
$\overline{}$	Initial retu	-	4410 Massachus	,				397	_ тогорг	(202) 449-1507				
$\overline{}$								G Gross receipts						
二		rn/terminated		country, and ZIP or foreign postal code				l'						
二	Amended		Washington, DC						\$	1,013,026				
Ш	Applicatio	n pending	F Name and address of principa							for subordinates? Yes No				
			Same as C abov	e – – – – – – – – – – – – – – – – – – –	_			H(b) Are all su	ubordinat	es included? Yes No				
<u>I</u>	Tax-exem	pt status: X	501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	52	27		If "No," a	ttach a lis	st. See instructions				
J	Website:		nsdatabase.org					H(c) Group ex	emption	number				
		rganization: X	Corporation Trust Ass	ociation Other	L	Year of formation	on: 201	5 M St	ate of leg	gal domicile: DC				
Pa	rt I	Summar	у											
	1	Briefly descr	ibe the organization's miss	ion or most significant activities:	See S	Schedule	0.							
a)										_				
ĕ														
Activities & Governance														
Š	2	Check this b	ox if the organization d	iscontinued its operations or dispo	sed of n	nore than 25	5% of its	net assets						
ၓ	3		_	·					3	3				
త	4		•	s of the governing body (Part VI, li					4	3				
ties				• • • •	,				-					
ΞΞ	5			n calendar year 2022 (Part V, line 2					5	19				
Act	6		r of volunteers (estimate if	• /					6	3				
•	7a			Part VIII, column (C), line 12 • •					7a	0				
	b	Net unrelate	d business taxable income	from Form 990-T, Part I, line 11					7b	0				
ne								Prior Year		Current Year				
	8	Contribution	s and grants (Part VIII, line	1h)				385,	,242	1,012,880				
	9	Program ser	vice revenue (Part VIII, line	e 2g)						0_				
en/	10	Investment i	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)						0				
Revenue	11			nes 5, 6d, 8c, 9c, 10c, and 11e)				10.	,304	146				
	12			must equal Part VIII, column (A), li					546	1,013,026				
	13		<u> </u>	X, column (A), lines 1-3)				•	,511	200				
	14			(, column (A), line 4)			, 311	0						
	15			e benefits (Part IX, column (A), line				256	E70	351,473				
es	15				336,									
ns	104		• • •	column (A), line 11e)		9,070				0				
Expenses	_ b		ising expenses (Part IX, col	· · · · · · · · · · · · · · · · · · ·										
Ш			penses (Part IX, column (A), lines 11a-11d, 11f-24e)							317,317				
	18			equal Part IX, column (A), line 25)				3,390,		668,990				
	19	Revenue les	s expenses. Subtract line	18 from line 12				(2,994,	,572)	344,036				
Net Assets or	893						Begin	ning of Curre	nt Year	End of Year				
sets	E 20	Total assets	(Part X, line 16)					202,	,250	519,190				
AS.	21	Total liabilitie	es (Part X, line 26)					50,	,273	23,177				
	22	Net assets o	or fund balances. Subtract	line 21 from line 20				151,	, 977	496,013				
Pa	rt II	Signatu	ire Block											
				irn, including accompanying schedules and s			t of my kno	wledge and bel	lief, it is					
true	, correct,	and complete. De	claration of preparer (other than of	ficer) is based on all information of which pre	parer has a	any knowledge.								
		Sama	ntha Paul											
Sig	n	Signature of office							Da	te				
He	re	Como	nthe Davil Evecut	iro Director										
		Type or print nar	ntha Paul, Execut	ive Director										
		L;' '	eparer's name	Preparer's signature		Date				PTIN				
Da:	٨	, ,	•	, ,	- 1			Check	∐ if					
Pai		John Mu		John Mullins		06-24-20	23	self-emp	loyed	P01429307				
	pare		Mullins,	PC			Fi	rm's EIN						
Us	e Only	Firm's addres	s 7625 Wis	consin Avenue			PI	none no.						
			Bethesda	MD 20814					202-	770-6371				
May	the IRS	S discuss this	return with the preparer sh	own above? See instructions .						X Yes No				

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Form 990 (2022)

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Form 990 (2022) Means Database Inc
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? See instructions	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)	١.		
_	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,	l _		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_		
7	·	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		х
8	complete Schedule D, Part III	8		.,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		Х
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	x	
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		х
С				
	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			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		,
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		v
20 a		20a		X
zu a b		20a		Х
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
	O			

2) Means Database Inc Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
26	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		X
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		
2 F.o.	or IV, and Part V, line 1	34		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		Х
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		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 VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	<u> </u>

Form 990 (2022) Page 5 Means Database Inc 47-4262060 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b х 3a х 3a 3b 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)?...... X **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Х 5b Х c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . 7g g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9b b 10 Section 501(c)(7) organizations. Enter: 10a а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: а b Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 С 13c Did the organization receive any payments for indoor tanning services during the tax year? х 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Х If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

Pa	irt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		ago c
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			110
	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.			
h	Enter the number of voting members included in line 1a, above, who are independent			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
•		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_
6	Did the organization have members or stockholders?	6		X
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?	7a		_ <u>x</u> _
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17				
18	List the states with which a copy of this Form 990 is required to be filed District of Columbia Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Upon request Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
13	and financial statements available to the public during the tay year			

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)										
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.										
	Own website										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,										
	and financial statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records.										

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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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any rela		ion co	mpe	nsa	ted a	any cu	rren	t officer, director, or	trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m ss per	rson i	han one a both a employee Highest compensated employee	n	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Samantha Paul Executive Director	36.00			x				69,000	0	0
	2.00	x						0	0	0
(3) Grant Nelson Board Member	8 .00	х						0	0	0
(4) Maria Rose Belding Chair (5)	5.00	х						0	0	0
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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Part	VII Section A. Officers, Directors, T	rustees,	Key I	Em			es, ai	nd I	Highest Comp	ensated	d Emp	loyees	(conti	inued)
	(A) Name and title	(B) Average hours per week (list any	box	, unles	Po: eck n	rson i	han one s both a r/trustee	n	(D) Reportable compensation from the organization (W-2/	(E) Reporta compensa from rela organizatior	able ation ated	cor	(F) nated am of other mpensati	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE		-	nization : d organiz	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(25)														
1b c	Subtotal													
2	Total (add lines 1b and 1c)								69,000 ore than \$100,000	of	0			0
	reportable compensation from the organization												Yes	0 No
3	Did the organization list any former officer, director employee on line 1a? <i>If "Yes," complete Schedule</i>		•	-		_						3	100	х
4	For any individual listed on line 1a, is the sum of rorganization and related organizations greater that	eportable co	mpens	satio	n an	d ot	her co	mpe	ensation from the					Α
5	individual											4		x
	for services rendered to the organization? If "Yes,				-			-				5		х
	on B. Independent Contractors	atad indana	ndont a			ro th			ad mare than \$100	000 of				
1	Complete this table for your five highest compens compensation from the organization. Report comp										tax year.			
	(A) Name and business addres	s							(B) Description of service	es	-	(C)	sation	
									·			•		
	Total number of independent contractors (includin	g but not lin	nited to	thos	se lis	ted	above) wh	10					
	received more than \$100,000 of compensation fro	-					_	,						

Form 990 (2022)
Part VIII Means Database Inc
Statement of Revenue

		Check if Schedule O co	ontains a respons	e or n	ote to any line in thi	s Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
ø	b	Membership dues		1b					
ant	С	Fundraising events		1c					
ָהָ <u>פֿ</u>	d	Related organizations .		1d					
ifts ar A	e	Government grants (cont		1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gif							
i si		and similar amounts not i	-	1f	1,012,880				
the the	g	Noncash contributions in	cluded in						
d of		lines 1a-1f		1g	\$				
ರ ೯	h					1,012,880			
					Business Code	1,012,000			
•	2a								
/ice									
Program Service Revenue	C								
	١								
gra Re	ء ا								
õ	f	All other program service i	revenue						
ш		Total. Add lines 2a-2f							
	3	Investment income (includ other similar amounts)							
	4	Income from investment of							
	5	Royalties	•	•	i				
	"	Noyallies							
	60	Gross rents	(i) Real		(ii) Personal				
									
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)							
	7a	Gross amount from	(i) Securiti	es	(ii) Other				
		sales of assets	1_						
	١.	other than inventory	7a						
o.	b	Less: cost or other basis							
Ž		and sales expenses	 						
eve		Gain or (loss)							
Ř	I	Net gain or (loss)		· —					
Other Revenue	8a	Gross income from fundra	ising						
Ö		events (not including \$		-					
		of contributions reported o							
		1c). See Part IV, line 18		8a					
	l	Less: direct expenses .		8b	-				
		Net income or (loss) from	_	s 🕂					
	9a	Gross income from gaming	-						
		activities, See Part IV, line		9a	 				
	I	Less: direct expenses •		9b					
	С	Net income or (loss) from	gaming activities	<u> </u>					
	10a	Gross sales of inventory, le							
		returns and allowances .		10a					
		Less: cost of goods sold		10b	·				
	С	Net income or (loss) from	sales of inventory	<i>.</i>					
					Business Code				
Miscellanous Revenue	11a	Other Income			900099	146	146		
anc	b								
eve	С								
Alisc Re	d	All other revenue							
2	е	Total. Add lines 11a-11d	<u> </u>	<u></u>		146			
	12	Total revenue. See instru	ctions			1 013 026	146	0	0

Form 990 (2022) Means Database Inc Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column		
ection 30 mens) and 30 men4) organizations must complete all columns. All other organizations must complete column	(A).	

	Check if Schedule O contains a response or note to	· ·		(0)	
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.	·	expenses	general expenses	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	200	200		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	69,000	59,064	8,694	1,242
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	248,717	212,901	31,338	4,478
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,962	4,248	625	89
10	Payroll taxes	28,794	24,648	3,628	518
11	Fees for services (nonemployees):				
а	Management				
b	Legal	315		315	
С	Accounting	14,191	12,148	1,788	255
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	240,587	230,163	9,122	1,302
12	Advertising and promotion	1,671	1,430	211	30
13	Office expenses	11,098	9,500	1,399	199
14 15	Information technology	14,678	12,564	1,849	265
15 16	Occupancy				
17	Travel	32,447	31,767		680
1 <i>1</i> 18	Payments of travel or entertainment expenses	32,447	31,767		080
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	615	526	77	12
23	Insurance	1,715		1,715	
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 O.)				
а					
b					
С					
d					
е	All other expenses				_
25	Total functional expenses. Add lines 1 through 24e	668,990	599,159	60,761	9,070
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)				

Page **11**

Form 990 (2022) Part X

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	197,785	1	499,766
	2	Savings and temporary cash investments	,	2	,
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	186	4	12,601
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	2,126	9	5,285
`	10a	Land, buildings, and equipment: cost or other	2,120		3,203
		basis. Complete Part VI of Schedule D 10a 3,076			
	b	Less: accumulated depreciation 10b 1,538	2,153	10c	1,538
	11	Investments - publicly traded securities	2,133	11	1,330
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	202,250	16	519,190
	17	Accounts payable and accrued expenses	50,273	17	23,177
	18	Grants payable	50,273	18	23,177
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
(0	22	· · · · · · · · · · · · · · · · · · ·		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
pill		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	23	, , , , , , , , , , , , , , , , , , , ,		23	
	24	Secured mortgages and notes payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	E0 073	26	00 177
	20	Organizations that follow FASB ASC 958, check here	50,273	20	23,177
တ္က		,			
JCe	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	151 077	27	406.012
alaı	27		151,977	27	496,013
B	28			28	
un		Organizations that do not follow FASB ASC 958, check here			
F	20	and complete lines 29 through 33.		20	
ts c	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds	4-4 0	31	400 012
Ne	32	Total liebilities and not see to find belongs	151,977	32	496,013
	33	Total liabilities and net assets/fund balances	202,250	33	519,190

-orm	1990 (2022) Means Database Inc	47-426206	0	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	013,	026
2	Total expenses (must equal Part IX, column (A), line 25)	2		668,	990
3	Revenue less expenses. Subtract line 2 from line 1	3		344,	036
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		151,	977
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		496,	013
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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?		2b		х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		ł
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		<u></u>
EΑ			Form	990 ((2022)

EEA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Employer identification number

		Database Inc	14 04 4 (A)				47-426206		
Part	. I	Reason for Public Cha	rity Status. (Al	Il organizations mus	st comple	ete this p	part.) See instructi	ons.	
The or	gan	ization is not a private foundation be	ecause it is: (For lir	nes 1 through 12, check	only one b	ox.)			
1	Ц	A church, convention of churches, of	or association of ch	urches described in sect	tion 170(b)(1)(A)(i).			
2	=	A school described in section 170 (,	•				
3	=	A hospital or a cooperative hospital	-						
4	Ш	A medical research organization op	erated in conjunction	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the		
	_	hospital's name, city, and state:							
5	_	An organization operated for the be		r university owned or ope	erated by a	governme	ental unit described in		
	_	section 170(b)(1)(A)(iv). (Complete	•						
6	님	A federal, state, or local governmen	•						
7	_	An organization that normally receive			jovernmen	tal unit or f	from the general public		
_	$\overline{}$	described in section 170(b)(1)(A)(v		•					
8		A community trust described in sec							
9	_	An agricultural research organizatio				•	-	е	
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	state of the college or		
	_	university:	(4)	00.4/00/					
10		An organization that normally received receipts from activities related to its						SS	
		support from gross investment inco	me and unrelated b	business taxable income	(less sect	oń 511 tax			
44		acquired by the organization after J							
11 12	=	An organization organized and ope An organization organized and ope	•	•				oo of	
12	_	one or more publicly supported orga	•				,		
		the box on lines 12a through 12d th		. , , ,		. , , ,		CHECK	
а		Type I. A supporting organization						ıa	
а		the supported organization(s) the	•	· · · · · · · · · · · · · · · · · · ·			. ,	9	
		supporting organization. You m			ority or the	un cotors (or trudiced or the		
b		Type II. A supporting organizati	•		ith its sun	orted orga	anization(s) by having		
-		control or management of the s	•			•	. ,	ed	
		organization(s). You must con			p 0. 0 0		or manage are eappered	-	
С		Type III functionally integrate	· .		nnection w	rith. and fu	nctionally integrated wit	h.	
		its supported organization(s) (s		•				,	
d		Type III non-functionally integ	,	•				n(s)	
		that is not functionally integrate	d. The organizatior	n generally must satisfy a	a distributio	n requiren	nent and an attentivene	ess	
		requirement (see instructions).	You must comple	te Part IV, Sections A a	nd D, and	Part V.			
е		Check this box if the organization	on received a writte	en determination from the	e IRS that i	t is a Type	I, Type II, Type III		
		functionally integrated, or Type	III non-functionally	integrated supporting or	ganization	÷			
f	E	nter the number of supported organ	izations						
g	Р	rovide the following information abo	ut the supported or	ganization(s).					
((i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	•	(v) Amount of monetary	(vi) Amour	
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing ent?	support (see instructions)	other suppo	
				,			,		,
					Yes	No			
(A)									
(B)									
(C)									
					 				
(D)									
					-				
(E)									
Total									
widi							i	1	

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 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.) Total support. Add lines 7 through 10 11 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage % Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 % 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is $33 \frac{1}{3}$ % or more, check this 16a box and stop here. The organization qualifies as a publicly supported organization.................. 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021, If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

47-4262060

(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.)

1 clifs, grants, contributions, and membership floes received. (Do not include any "funusual grants.") 2 Cross receipts from adminissions, merchandide furnished in any activity that is related to the organization's tax-exempt purpose	Secti	on A. Public Support						
164,174 272,229 4,736,492 385,242 1,012,880 6,571,	Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
2 Cross receipts from admissions, merchandles sold or services performed, or facilities furnished in any advity that is related to the organization's tax-exempt purpose	1	Gifts, grants, contributions, and membership fees		, ,	, ,	, ,		
2 Cross receipts from admissions, merchandles sold or services performed, or facilities furnished in any advity that is related to the organization's tax-exempt purpose		-	164.174	272.229	4.736.492	385.242	1.012.880	6,571,017
turnished in any activity that is related to the organization's tax-exempt purpose	2	· · · · · · · · · · · · · · · · · · ·						
organization's fax-exemip purpose								
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levice for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 2, 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.) 9 Amounts from line 6 164,174 272,229 4,736,492 385,242 1,012,880 6,571, 8 Section B. Total Support Calendar year (or fiscal year beginning in) 164,174 272,229 4,736,492 385,242 1,012,880 6,571, 9 Amounts from line 6 164,174 272,229 4,736,492 385,242 1,012,880 6,571, 17 Total support. 18 Cyalian in Part Vi.) 19 A consistence from similar sources 19 Urrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 10 C Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.) 10 Total support. (Add lines 9, 10c, 11, and 12.)								
unrelated trade or business under section 513 4 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c 8 Public support, (Subtract line 7c from line 6) 8 Public support, (Subtract line 7c from line 6) 10a Gross income from interest, dividends, payments received no securities loans, rents, royallies, and income from similar sources 10a Gross income from interest, dividends, payments received no securities loans, rents, royallies, and income from similar sources	3							
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5		•						
organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Ta Amounts included on lines 1, 2, and 3 received from disqualified persons 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 7 and 7 b	4							
or expended on its behalf	-							
5 The value of services or facilities furnished by a governmental unit to the organization without charge		-						
furnished by a governmental unit to the organization without charge	5	•						
organization without charge								
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	6	-	164 174	272 220	4 726 400	205 242	1 012 000	6 571 017
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			104,1/4	212,229	4,736,492	385,242	1,012,880	6,5/1,01/
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	<i>i</i> a							
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	h							
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	D							
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.)		'						
c Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6.)	_	•						
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Support	_							
Section B. Total Support Calendar year (or fiscal year beginning in) 9	O							6 571 617
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total support. (Add lines 9, 10c, 11, and 12.) 164,174 272,229 4,736,492 385,242 1,012,880 6,571,	Secti							6,5/1,01/
Amounts from line 6			(a) 2018	(b) 2019	(c) 2020	(d) 2021	(a) 2022	(f) Total
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			` ′		` '		 ` ' 	` ` `
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 on line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)			104,1/4	212,229	4,736,492	385,242	1,012,880	6,5/1,01/
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	Iva							
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 on line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)								
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 on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	h	-						
acquired after June 30, 1975	D	`						
c Add lines 10a and 10b		,						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•	•						
activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
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.)	"							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
loss from the sale of capital assets (Explain in Part VI.)	12							
(Explain in Part VI.)	14	•						
Total support. (Add lines 9, 10c, 11, and 12.)		· · · · · · · · · · · · · · · · · · ·			0 515	10 204	146	10.005
and 12.)	12	· · ·			9,515	10,304	146	19,965
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	13	• • • • • • • • • • • • • • • • • • • •	164 154	070 000	4 546 005	205 546		6 500 000
organization, check this box and stop here	11	,						
Section C. Computation of Public Support Percentage15Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))1599.716Public support percentage from 2021 Schedule A, Part III, line 151699.6	'	•	•			•	`	` ^ ` _
Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	Secti	· · · · · · · · · · · · · · · · · · ·						<u> </u>
16 Public support percentage from 2021 Schedule A, Part III, line 15	-				13 column (f))		15	99.70 %
				•				99.65 %
							1 .01	99.03 /
					by line 13. colu	mn (f))	17	0.00 %
		• • • • • • • • • • • • • • • • • • • •		. ,	•			0.00 %
19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line								
17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	b		-	-	•			, A
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	-	• • • • • • • • • • • • • • • • • • • •						□
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20		-	-			-	otions 🗍

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	-		
-	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
0-				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
_	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
-	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	- T-D		
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	-			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes,"</i>			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
′	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
		7		
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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.	10a		
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 husiness holdings)	10h		

	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		

a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations

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).*

By reason of the relationship described in line 2, above, did the organization's supported organizations have

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. *Complete line 3 below.*The organization supported a government on the parent of the parent of

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

Activities Test. Answer lines 2a and 2b below.

Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No," provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," describe in *Part VI* the role played by the organization in this regard.

Yes

No

2

Schedule A (Form 990) 2022 Means Database Inc 47-4262060 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 Add lines 1 through 3. 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

2

3

4

5

Schedule A (Form 990) 2022

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Breakdown of line 7:

. . . .

. . . .

Excess from 2018 Excess from 2019 Excess from 2020

Excess from 2021

Excess from 2022

8

е

Schedule A (Form 990) 2022 EEA

Schedule A (Form 990) 2022 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

Means	Database Inc		47-4262060
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Acc	ounts.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
	funds are the organization's property, subject to the organiz	_	Tyes No
6	Did the organization inform all grantees, donors, and donor	_	
	only for charitable purposes and not for the benefit of the do		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreating		storically important land area
	Protection of natural habitat	· <u>=</u>	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a	conservation
_	easement on the last day of the tax year.	imod dender valien dentalbatien in the fermi of a	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		- 20
u	historic structure listed in the National Register	•	. 2d
3	Number of conservation easements modified, transferred, r		
J		eleased, extiliguished, of terminated by the of	gamzation during the
4	tax year Number of states where property subject to conservation ea	acoment is located	
5	Does the organization have a written policy regarding the po		
J	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
ŭ	cian and volunteer nears devoted to mornioring, inspecting	, mandaling or violations, and emoroling conserve	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year
•	7 tillount of oxponess insurrou in monitoring, inspessing, han	raining of violations, and officioning control validity	casemente danng me year
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h)((4)(B)(i)
•			
9	In Part XIII, describe how the organization reports conserva		
•	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		that docsnood the
Par		s of Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC 9		balance sheet works
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its final		•
b	If the organization elected, as permitted under FASB ASC 9		ince sheet works of
	art, historical treasures, or other similar assets held for publ	•	
	provide the following amounts relating to these items:	,, 5	r
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tr		
-	following amounts required to be reported under FASB ASC		an, provide tile
2	Revenue included on Form 990, Part VIII, line 1	· ·	\$
a	Accepts included in Form 000. Part Y		φ

Par	t III	Organizations Maintaining	Colle	ections of	Art, His	torical	Treasures	, or O	ther Similar <i>i</i>	<u>Asse</u>	ts (c	ontin	ued)
3	Using	the organization's acquisition, access	sion, an	d other record	ds, check a	any of the f	ollowing that	make si	ignificant use of it	s			
	collec	tion items (check all that apply):											
а	☐ Pu	blic exhibition			d	Loan o	r exchange p	rogram					
b	Sc	holarly research			е	Other							
С	Pre	eservation for future generations											
4	Provid	de a description of the organization's o	collectio	ns and expla	in how the	y further th	e organizatio	n's exer	npt purpose in Pa	art			
	XIII.												
5	During	g the year, did the organization solicit	or rece	ive donations	of art, hist	orical treas	sures, or othe	er simila	r				
		s to be sold to raise funds rather than	to be m	naintained as	part of the	organizatio	on's collection	n?		[Yes		No
Par	t IV	Escrow and Custodial Arra											
		Complete if the organization 990, Part X, line 21.	answ	ered "Yes'	" on Fori	n 990, F	art IV, line	9, or	reported an a	moui	nt on	Forr	n
1a	Is the	organization an agent, trustee, custoo	dian or	other interme	diary for co	ontributions	s or other ass	ets not					
		ed on Form 990, Part X?								[Yes		No
b	If "Yes	s," explain the arrangement in Part XII	I and co	omplete the fo	ollowing tal	ble:				_	_		
				·	ŭ				A	mount	:		
С	Begin	ning balance						. 10	:				
d	Additi	ons during the year						. 10	1				
е	Distrib	outions during the year						. 16)				
f	Endin	g balance						. 1f	:				
2a	Did th	e organization include an amount on I	Form 9	90, Part X, lin	e 21, for e	scrow or cu	ustodial acco	unt liabi	lity?	[Yes		No
b	If "Yes	s," explain the arrangement in Part XII	I. Chec	k here if the e	explanation	has been	provided on	Part XII			<u></u>		
Par	t V	Endowment Funds.											
		Complete if the organization	answ	ered "Yes/	" on Fori	n 990, F	Part IV, line	10.					
			(a) (Current year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	:k (e) Four	years b	ack
1a	Begin	ning of year balance											
b	Contri	butions											
С	Net in	vestment earnings, gains, and											
	losses	8											
d	Grant	s or scholarships											
е		expenditures for facilities and											
	progra	ams											
f		nistrative expenses											
g	End o	f year balance											
2	Provid	de the estimated percentage of the cu	rrent ye	ear end baland	ce (line 1g	, column (a	i)) held as:						
а		designated or quasi-endowment		%									
b	Perma												
С		endowment%											
		ercentages on lines 2a, 2b, and 2c sh											
3a		ere endowment funds not in the posse	ession	of the organiz	ation that	are held ar	nd administer	ed for th	ie		г		
	-	ization by:								г		Yes	No
		nrelated organizations								t t	3a(i)		
		elated organizations								• •	3a(ii)		
b		s" on line 3a(ii), are the related organiz		•						٠ - ا	3b		
4		ibe in Part XIII the intended uses of th			owment fu	nds.							
Par	t VI	Land, Buildings, and Equip			" an Fam	000 F) _ rt \ /	. 11 - 1	Caa Farm 000) Da			10
		Complete if the organization	answ	ered Yes	on Fori			11a. 3	See Form 990	J, Pa	π Χ, Ι	ine	10.
		Description of property		(a) Cost or oth		1 ' '	r other basis		Accumulated	((d) Book	value	
				(investme	ent)	(other)	d	epreciation				
1a	Land		• •										
b		ngs	• •										
C		hold improvements											
d	Equip						3,076		1,538			1,5	538
e Total	Other	es 1a through 1e. (Column (d) must e		www.000. D==4	V agli imi	(D) line 11) 10. 1						538
COLMI	AUU IIII	es la michor le l'Comminion Muste	uuai EC	11111 990 PAIT	v comumu	101 IIIIE 10	n. 1						7 K K

47-4262060

Schedule D ((Form 990) 2022
B 4370	

Investments	 Other Securit 	ties.
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Part VII	Complete if the organization answered "	Yes" on For	m 990, Par	t IV, line 1	1b. See Forn	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book va	ılue	` '	ethod of valuation: d-of-year market value
(1) Financial o	derivatives					
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column Part VIII	Investments - Program Related. Complete if the organization analyses of "".		m 000 Par	t IV/ line 1:	1a Saa Farm	2000 Port V line 12
	Complete if the organization answered "	res on For	m 990, Par	t iv, line i	ic. See Form	1 990, Part X, line 13.
	(a) Description of investment		(b) Book va	llue		ethod of valuation: d-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) • Other Assets.					
Fait IX	Complete if the organization answered "	Ves" on For	m 000 Par	t IV/ line 1:	1d See Form	000 Part Y line 15
	<u> </u>		111 990, F ai	t iv, iiiie i	id. See i oili	
(4)	(a) Descri	iption				(b) Book value
(1)						
(2)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15.)					
Part X	Other Liabilities.					
	Complete if the organization answered "line 25.	Yes" on For	m 990, Par	t IV, line 1	1e or 11f. Se	e Form 990, Part X,
 1.	(a) Description of liability	(le) Declar	alua			
	(a) Description of liability ncome taxes	(b) Book v	aiut			
(2)	moone was					
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 25.)					
	uncertain tax positions. In Part XIII, provide the text of	f the footnote to	the organizati	ion's financia	statements that	reports the

Part	<u> </u>	-	Return.
	Complete if the organization answered "Yes" on Form 990, P		1 1
1	Total revenue, gains, and other support per audited financial statements		1
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	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statem		or Poturn
rait	Complete if the organization answered "Yes" on Form 990, P		ei Netuiii.
			1
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
a	Donated services and use of facilities	2a	
a b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
			4c 5
С	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		
c 5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) - XIII Supplemental Information.	ines 1b and 2b; Part V, line 4; F	5
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) - XIII Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	ines 1b and 2b; Part V, line 4; F	5
5 Part Provide	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) • XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	ines 1b and 2b; Part V, line 4; F	5
5 Part Provide	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) • XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	ines 1b and 2b; Part V, line 4; F	5
5 Part Provide	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) • XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	ines 1b and 2b; Part V, line 4; F	5
5 Part Provide	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) • XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	ines 1b and 2b; Part V, line 4; F	5
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

47-4262060 Means Database Inc 01. Form 990 governing body review (Part VI, line 11) The Board of Directors will review the Form 990 and provide feedback to Sammie Paul as necessary. 02. Conflict of interest policy compliance (Part VI, line 12c) Conflict of interest policy is monitored by the board of directors. 03. Governing documents, etc, available to public (Part VI, line 19) Certain documents are available upon request. 04. List of other fees for services expenses (Part IX, line 11g) Recruiting - \$447 Other Contractors "(Restaurants for our Community Meal Program and Drivers to deliver donations) - \$2,907,709 Engineering, Production and Design - \$65,000 05. Part III, response or note to any other line in Part III Organization's mission MEANS Database connects organizations with excess food to communities in need. Our online platform facilitates communication and logistical support to transport food donations. MEANS has two major goals: to reduce food waste and reroute excess food to those facing food insecurity.