	99		Return of Organization Exempt From Income Tax								OIVIB No. 1545-0047
Form	55				-	-					2022
			Under see		527, or 4947(a)(1) of the l er social security numbers					dations)	Open to Public
		he Treasury e Service			ww.irs.gov/Form990 for in		-				Inspection
			lar year, or ta		-		, 2022, a				, 20
_		oplicable:	C Name of org		ans Database Inc					D Emplo	oyer identification number
Ac	ldress cl	nange	Doing busine	ss as ME	ANS Database						47-4262060
Na	ame cha	nge	Number and	street (or P.O. bo	x if mail is not delivered to street a	ddress)		Room/su	iite	E Teleph	none number
Ini	tial retur	n	4410	Massachus	setts Ave NW				397		(202) 449-1507
_ Fi	nal returi	n/terminated	City or town,	state or province	, country, and ZIP or foreign postal	code				G Gross	s receipts
Ar	nended	return		ngton, DC						\$	1,013,026
Ap	plicatior	n pending		dress of principa		aul					or subordinates? Yes X No
		v		as C abov					1		es included? Yes No
			501(c)(3)	501(c) (	) (insert no.) 4947(a	a)(1) or	527				t. See instructions
	ebsite:	ganization: X	Insdataba		ociation Other		L Year of formati		H(c) Group		
Par								on: 20.	13   14	State of leg	al domicile: DC
				ization's miss	ion or most significant activ	/ities: See	Schedule	0.			
		,	5		5	<u></u>					
JCe											
nai											
ver	2	 Check this h	ox 🗌 if the (	ragnization	liscontinued its operations	or disposed of	more than 2	5% of its	not assots		
Governance				0	rning body (Part VI, line 1a	•				. 3	3
ര് ഗ			-	-	rs of the governing body (P					4	3
itie				-	n calendar year 2022 (Part					5	19
Activities &			r of volunteer							6	3
Ă					Part VIII, column (C), line 1	12				7a	0
	b	Net unrelate	d business ta	xable income	from Form 990-T, Part I, lir	ne 11				7b	0
									Prior Year		Current Year
	8	Contribution	s and grants (	Part VIII, line	1h)				385	5,242	1,012,880
anu	9	Program ser	vice revenue	(Part VIII, line	e 2g)						0
Revenue	10	Investment i	ncome (Part \	/III, column (/	A), lines 3, 4, and 7d) ••						0
Re					nes 5, 6d, 8c, 9c, 10c, and					,304	146
					must equal Part VIII, colum			_		5,546	1,013,026
				• •	IX, column (A), lines 1-3)				12	2,511	200
					K, column (A), line 4)						0
es					e benefits (Part IX, column				356	5,572	351,473
Expenses			-		column (A), line 11e) ••• lumn (D), line 25)						0
ž					nes 11a-11d, 11f-24e)			·	3,021	0.25	317,317
ш		-		. ,	equal Part IX, column (A),				3,390		668,990
					18 from line 12				(2,994		344,036
es								Begi	inning of Curr		End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 1	6)						2,250	519,190
Ass d Ba	21	Total liabilitie	s (Part X, line	. 26)						,273	23,177
Pup	22	Net assets o	r fund balanc	es. Subtract	line 21 from line 20				151	,977	496,013
Par	t II	Signatu	re Block								
					Irn, including accompanying sched ficer) is based on all information of				owledge and b	elief, it is	
140,0							o any knowledge	•			
Cian			ntha Paul	_						L	
Sign		Signature of offi	cer							Dat	e
Here	,			., Execut	ive Director						
		Type or print na			Prenarer's signature		Date				PTIN
Paid	l		eparer's name		Preparer's signature		Date		Check	∐ if	PTIN
	arer	John Mu	IIIIns	Ma 11 -	John Mullins		06-24-20		self-em	ployed	P01429307
-	Only	Firm's name		Mullins,					Firm's EIN		
200	y	Finitis addres	13		consin Avenue MD 20814				Phone no.	202-'	770-6371
May #	he IRS	discuss this	return with th		nown above? See instruction	ons					
-					parate instructions.						Form <b>990</b> (2022)
EEA				-, 110 36							

OMB No. 1545-0047

Form	n 990 (2022) Means Database Inc	47-4262060	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		- <u>x</u>
1	Briefly describe the organization's mission:		
	See Schedule O.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	🗌 Yes 🕱	No
	' If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes 👖	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other advantages of the section of th	ners,	
	the total expenses, and revenue, if any, for each program service reported.		
40	(Code: ) (Evenence ( 500, 150, including grants of ( 500, ) (Bevenue	¢	
4a	(Code:) (Expenses \$ 599,159 including grants of \$ 200 ) (Revenue	۵	)
	See SERVICES page for a description of this program service.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	¢	
40		φ	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		•	/
4d	Other program services (Describe on Schedule O.)		
4u	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     599,159	)	

_	m 990 (2022) Means Database Inc 47	-4262060	)	Р	age 3
Pa	art 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	х	
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)		-		
-	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,		·		
Ũ	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	··· ⊢	-		
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
	"Yes," complete Schedule D, Part I		6		
7		··· ⊢	•		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		.		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	··· –	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III • • • • • • • • • • • • • • • • •	··· [-8	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
	debt negotiation services? If "Yes," complete Schedule D, Part IV	· · · _ !	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments				
	or in quasi endowments? If "Yes," complete Schedule D, Part V	· · · [1	0		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable.				
а	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"				
	complete Schedule D, Part VI • • • • • • • • • • • • • • • • • •	11	la	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11	lb		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11	Ic		х
d	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	11	Id		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		le		x
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	11	If		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	1:	2a		х
b					<u></u>
Ň	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	1.	2b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		3		 
13 14a			4a		<u>x</u>
		··· []	-+a		<u>x</u>
b					
	fundraising, business, investment, and program service activities outside the United States, or aggregate		<u>_</u>		
	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	· · · · <u>1</u>	4b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		_		<i>c</i> -
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	··· [_1	5		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	··· [_1	6		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on				
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	··· [1	7		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	··· [1	8		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 • • • • • • • • • • • • • • • • •		9		х
20 a	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20	)a		х
b	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	)b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Τ		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2	21		х

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Pa	rt IV Checklist of Required Schedules (continued)			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 22		
23	Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		x
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		~
240	\$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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		x
30	conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			^
02	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization?If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		1	
4 -	Enter the number reported in Roy 3 of Form 1006 Enter 0, if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       14         Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0			
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
U	reportable gaming (gambling) winnings to prize winners?	1c	x	
				(2022)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
~	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>
U	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
e f		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-		X
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

For	m 990 (2022) Means Database Inc 47-42620		P	9age <b>6</b>
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		x
16-	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?	46-		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		x
b	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	100		
17	List the states with which a copy of this Form 990 is required to be filed <b>District of Columbia</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website     Another's website     X     Upon request     Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Samantha Paul (202)449-1507, 4410 Massachusetts Ave NW, Washington, DC 20016			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employe									
	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 th	nis table for all persons required to be listed. Report compensation for the calendar year ending with	or within the							
organization's t	ax year.								
<ul> <li>List all of t</li> </ul>	he organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardle	ess of amount of							
compensation.	Enter -0- in columns (D), (E), and (F) if no compensation was paid.								
<ul> <li>List all of t</li> </ul>	he organization's <b>current</b> key employees, if any. See the instructions for definition of "key employee	."							

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

· List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

			mpe			iny cu	nen			
					(C)					
(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
Name and title	Average	`				s both a		Reportable	Reportable	Estimated amount
	hours	offic	er and	d a dii	rector	/trustee	)	compensation from the organization (W-2/	compensation from related	of other compensation
	per week (list any								organizations (W-2/	from the
	hours for	Indi or d	Inst	Officer	Key	Hig	Former	1099-MISC/	1099-MISC/	organization and
	related	vidu	itutio	Cer	em	bloye	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	or tr	onali		Key employee	e com				
	below	Individual trustee or director	Institutional trustee		ĕ	pen				
	dotted line)		ee			Highest compensated employee				
						ц.				
(1) Samantha Paul	36.00									
Executive Director				x				69,000	0	0
(2) Julia Shullman	2.00									
Board Member		х						0	0	0
(3) Grant Nelson	8.00									
Board Member		х						0	0	0
(4) Maria Rose Belding	<u>5.00</u>									
Chair		х						0	0	0
<u>(5)</u>										
<u>(6)</u>										
(7)										
(8)										
<u>(8)</u>										
(9)										
(10)										
(10)										
(11)										
<u>(12)</u>										
<u>(14)</u>										
									•	

	90 (2022) Means Database Inc			_						47-426		Page	8 :
Part	VII Section A. Officers, Directors, T	rustees,	Key	Emj	plo	yee	es, ar	nd	Highest Comp	ensated Emp	loyees	6 (continue)	ed)
	(A) Name and title	(B) Average hours per week	Average box, unless person is both an Reportable Re hours officer and a director/trustee) compensation com per week from the from (list any organization (W-2/ organiz		(E) Reportable compensation from related organizations (W-2/	со	(F) nated amount of other mpensation from the						
		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-MISC/ 1099-NEC)	orga	nization and d organizatio	ıs
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
<u>(22)</u>													
<u>(23)</u>													
<u>(24)</u>													
<u>(25)</u>													
1b c d	Subtotal		 	 	 	 	 	•	60.000	0	<u> </u>		_
2	Total (add lines 1b and 1c)            Total number of individuals (including but not limited reportable compensation from the organization							• d mo	69,000 ore than \$100,000	•			0
3	Did the organization list any <b>former</b> officer, director employee on line 1a? <i>If "Yes," complete Schedule</i>			-		-					3	Yes No	0
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater that individual	eportable co an \$150,000?	ompens ? If "Ye	satio s," c	n an comp	id ot	her co	mpe	ensation from the		4		
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes,</i>	compensati	on fror	n an	y ur			-					
	on B. Independent Contractors												
1	Complete this table for your five highest compensa- compensation from the organization. Report comp										r.		
	(A) Name and business addres	s							(B) Description of service	ces	(C) Compens	sation	
													_
2	Total number of independent contractors (includin	g but not lim	ited to	thos	se lis	sted	above	) wh	10				
	received more than \$100,000 of compensation fro	om the organ	nizatior	ı									

Form 99	90 (2022) Means Database Inc			47-42620	)60 Page 9
Part	VIII Statement of Revenue				
	Check if Schedule O contains a response or note to any line in t	his Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a       Federated campaigns       1a         b       Membership dues       1b         c       Fundraising events       1c         d       Related organizations       1d         e       Government grants (contributions)       1e         f       All other contributions, gifts, grants, and similar amounts not included above       1f       1,012,880         g       Noncash contributions included in lines 1a-1f       1g       \$	1,012,880			
Program Service Revenue	2a       Business Code         b				
Other Revenue	3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties         6a       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         7a       Gross amount from sales of assets other than inventory         b       Less: cost or other basis and sales expenses         a       Gain or (loss)         7b       Ta         7c       Ta         d       Net gain or (loss)				
Other F	8a       Gross income from fundraising events (not including \$				
Miscellanous Revenue	c Net income or (loss) from sales of inventory       Business Code         11a       Other Income       900099         b	146	146		
Σ	e Total. Add lines 11a-11d	146			
	12 Total revenue. See instructions			0	0
		, ~, ~ _ , ~ _ 0		, 0	. 0

 Means
 Database
 Inc

 Statement of Functional Expenses

	Check if Schedule O contains a response or note to	any line in this Part IX			
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
-	<i>b, and 10b of Part VIII.</i> Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
	individuals. See Part IV, line 22	200	200		
	Grants and other assistance to foreign	200	200		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	69,000	50.064	9 604	1 04
	Compensation not included above to disqualified	69,000	59,064	8,694	1,24
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	- · · · · · · · · · · · · · · · · · · ·	040 717	212 001	21 220	4 47
	Other salaries and wages	248,717	212,901	31,338	4,47
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	4,962	4,248	625	8
		28,794	24,648	3,628	51
	Fees for services (nonemployees):				
	Management				
		315	10 140	315	
		14,191	12,148	1,788	25
	Professional fundraising services. See Part IV, line 17				
-	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	240,587	230,163	9,122	1,30
	Advertising and promotion	1,671	1,430	211	3
	Office expenses	11,098	9,500	1,399	19
	Information technology	14,678	12,564	1,849	26
	Royalties				
		32,447	31,767		68
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Payments to affiliates				
	Depreciation, depletion, and amortization	615	526	77	1
	Insurance	1,715		1,715	
	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					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	668,990	599,159	60,761	9,07
	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				

l'un		Check if Schedule O contains a response or note	to ar	w line in this Part X			П
			10 01		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			197,785	1	499,766
	2	Savings and temporary cash investments		Let a let	197,703	2	499,700
	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 of					, ••=_
	-	trustee, key employee, creator or founder, substantial cor					
		controlled entity or family member of any of these person			5		
	6	Loans and other receivables from other disqualified perso		as defined			
		under section 4958(f)(1)), and persons described in secti			6		
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		F		8	
Ase	9	Prepaid expenses and deferred charges		[	2,126	9	5,285
	10a	Land, buildings, and equipment: cost or other			ł		
		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				11	
	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	E		18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of			21		
Liabilities	22	Loans and other payables to any current or former officer					
billid		trustee, key employee, creator or founder, substantial cor					
Lia		controlled entity or family member of any of these person				22	
	23	Secured mortgages and notes payable to unrelated third		F		23	
	24	Unsecured notes and loans payable to unrelated third pa		F		24	
	25	Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24).					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			50,273	26	23,177
	20	Organizations that follow FASB ASC 958, check here			50,273	20	23,111
Se		and complete lines 27, 28, 32, and 33.					
nce	27	Net assets without donor restrictions			151,977	27	496,013
Fund Balances	28					28	
Β		Organizations that do not follow FASB ASC 958, chec	ck hei	re 🗌 🕴			
Fur		and complete lines 29 through 33.		_			
or	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipment	fund			30	
Ass	31	Retained earnings, endowment, accumulated income, or	funds		31		
Net Assets or	32	Total net assets or fund balances		[	151,977	32	496,013
2	33	Total liabilities and net assets/fund balances	• •		202,250	33	519,190

### Form 990 (2022) M Part X Balance Sheet Means Database Inc

47-4262060

Page 11

Form 990 (2022)

EEA

Form	990 (2022) Means Database Inc	47-426206	C	Pa	age <b>12</b>
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 Cash 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		
	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		3b		
			-		

Form 990 (2022)

SCHEE	DULE A
(Form 9	90)

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047	
2022	

Department of the Treasury Attach to Form 990 or Form 990-EZ.					Open to Public			
			www.irs.gov/For	orm990 for instructions and the latest information.				Inspection
	e of the organization						Employer identification	
Pa	ns Database I rtl Reason		rity Status (A	Il organizations mus	st comple	ete this r	<u>47-42620</u> part ) See instruc	
				nes 1 through 12, check	· ·	•		
1	Ť.	•	,	urches described in <b>sec</b>		,		
2	A school descr	ibed in section 170(	( <b>b)(1)(A)(ii).</b> (Attach	n Schedule E (Form 990)	.)			
3	A hospital or a	cooperative hospital	l service organizati	on described in <b>section</b> '	170(b)(1)(A	A)(iii).		
4		arch organization op e, city, and state:	perated in conjuncti	on with a hospital descrit	bed in <b>sect</b>	ion 170(b)	(1)(A)(iii). Enter the	
5		· · _	enefit of a college o	r university owned or op	erated by a	a governme	ental unit described in	
		(1)(A)(iv). (Complet	•	, ,	,	5		
6	A federal, state	e, or local governmer	nt or governmental	unit described in sectior	170(b)(1)	(A)(v).		
7	An organizatio	n that normally recei	ves a substantial p	art of its support from a g	governmen	tal unit or f	from the general publ	c
	described in <b>se</b>	ection 170(b)(1)(A)(v	<b>vi).</b> (Complete Part	II.)				
8				<b>/i).</b> (Complete Part II.)				
9		-		tion 170(b)(1)(A)(ix) ope		•	-	ege
		a non-land-grant co	ollege of agriculture	(see instructions). Enter	the name,	, city, and s	state of the college or	
10	university:	n that normally recei	ves: (1) more than	33 1/3% of its support fro	om contribu	utions me	mbershin fees and a	220
10	receipts from a support from g	ctivities related to its ross investment inco	s exempt functions, ome and unrelated	subject to certain exception business taxable income section 509(a)(2). (Com	tions; and (less sect	(2) no mor ion 511 tax	e than 33 1/3% of its	000
11	An organizatio	n organized and ope	rated exclusively to	o test for public safety. Se	ee <b>section</b>	509(a)(4).		
12		•	•	or the benefit of, to perfor			• • •	
		• • • •		ed in section 509(a)(1) of				
_	_	-	•	pe of supporting organiz		•	-	
а				vised, or controlled by its rly appoint or elect a maj		-	.,	ing
		,		t IV, Sections A and B.		unectors		
b	•	•	•	controlled in connection w	/ith its sup	oorted oraa	anization(s), by having	r
				ation vested in the same				
	organizatio	on(s). You must con	nplete Part IV, Sec	ctions A and C.				
c	: 🗌 Type III fu	nctionally integrate	ed. A supporting or	ganization operated in co	nnection w	/ith, and fu	nctionally integrated v	vith,
	its support	ed organization(s) (s	ee instructions). Ye	ou must complete Part	IV, Sectio	ns A, D, ar	nd E.	
d		-		ng organization operated				
			•	n generally must satisfy a		-	nent and an attentiver	ness
		,	-	te Part IV, Sections A a			1 T.m.s. II. T.m.s. III	
e	_	•		en determination from the integrated supporting or			п, туре п, туре п	
f		r of supported organ	•					
g		wing information abo		rganization(s).				
	(i) Name of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		rganization ır governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(~)								
(B)								
(C)								
(D)								
(E)								

 Total
 Image: Construction of the second second

Schedu	le A (Form 990) 2022 Means Datab					47-426206	
Part	II Support Schedule for Organiz	ations Desc	ribed in Sec	tions 170(b)	(1)(A)(iv) and	d 170(b)(1)(A	.)(vi)
	(Complete only if you checked the second	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
4	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)						
6	Public support. Subtract line 5 from line 4 .						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	(4) = = = =	() == : : :	(0) = = = = =	()	(0) = - = =	(1) 1 1 1 1
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
Ŭ	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.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction				12	I
13	<b>First 5 years.</b> If the Form 990 is for the o						(c)(3)
10	organization, check this box and <b>stop he</b>						
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line 6			11. column (f))		14	%
15	Public support percentage from 2021 Sch					15	%
16a	33 1/3% support test - 2022. If the organ					1/3% or more,	check this
	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ	nization did no	t check a box o	on line 13 or 16	a, and line 15	is 33 1/3% or ı	more, check
	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizati	on		🛛
17a	10%-facts-and-circumstances test - 20	22. If the orga	nization did no	t check a box o	on line 13, 16a	, or 16b, and lii	ne 14 is
	10% or more, and if the organization mee	ets the facts-ar	nd-circumstanc	es test, check	this box and <b>s</b>	top here. Expl	ain in
	Part VI how the organization meets the fa					•	
	organization			-			
b	10%-facts-and-circumstances test - 20						_
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					•	
	organization			-	-		
18	Private foundation. If the organization di						_
	instructions						

	eans	Database	Inc
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 Means Database Inc

 Support Schedule for Organizations Described in Section 509(a)(2)
 Part III (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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	164,174	272,229	4,736,492	385,242	1,012,880	6,571,017
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	164,174	272,229	4,736,492	385,242	1,012,880	6,571,017
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 disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						6 571 017
Secti	on B. Total Support						6,571,017
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	164,174	272,229	4,736,492	385,242	1,012,880	6,571,017
10a	Gross income from interest, dividends,	104,174	212,225	4,750,452	505,242	1,012,000	0,5/1,01/
	payments received on securities loans, rents,						
	royalties, and income from similar sources •						
b	Unrelated business taxable income (less						
Ň	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
10	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						10.005
12	(Explain in Part VI.)			9,515	10,304	146	19,965
13							
	and 12.)	164,174		4,746,007		1,013,026	6,590,982
14	First 5 years. If the Form 990 is for the or organization, check this box and stop her	•			•		
Socti	on C. Computation of Public Suppor						···· <u> </u>
15	Public support percentage for 2022 (line 8		·	12 column (f))		15	00 70 %
16	Public support percentage from 2022 (inte of Public support percentage from 2021 Sch					16	99.70 %
						10	99.65 %
	on D. Computation of Investment Inc			hy line 12 och	mn (f))	17	0.00.0/
17 10	Investment income percentage for 2022 (I					17	0.00 %
18 10a	Investment income percentage from <b>2021</b>					18	0.00 %
19a	<b>33 1/3% support tests - 2022.</b> If the orga						_
L	17 is not more than 33 1/3%, check this b	-	-	-			ganization <b>x</b>
b	33 1/3% support tests - 2021. If the organizatio						-
20	line 18 is not more than 33 1/3%, check this box	•	-	• •	• • • •	-	· · · · · · []
20	Private foundation. If the organization die	a not check a l	box on line 14	, 19a, or 19b, c	THECK THIS DOX	and see instru	cuons

1

2

3a

b

С

4a

b

С

5a

b

С 6

7

8

9a

#### 47-4262060 Means Database Inc 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 No Yes 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 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 2 organization was described in section 509(a)(1) or (2). 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 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 3b organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 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 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 Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 4c purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a 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 Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990). 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 disgualified 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.
- Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.)

9b

9c

10a

10b

	e A (Form 990) 2022 Means Database Inc	47-4262060		Р	age <b>5</b>
Part	IV Supporting Organizations (continued)				
44	Healthe ergenization eccented a gift or contribution from any of the following persons?	ſ		Yes	NO
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lin	pes 11b and			
a	11c below, the governing body of a supported organization?		11a		
b	A family member of a person described on line 11a above?	-	11b		
	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or	11c.	110		
Ū	provide detail in <b>Part VI.</b>		11c		
Sectio	on B. Type I Supporting Organizations	. <u></u> l			
				Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership	of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization	1(S)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one	supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a	mong 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 support				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," exp				
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that ope supervised, or controlled the supporting organization.	rated,	2		
Sectio	on C. Type II Supporting Organizations		2		
<u></u>				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the	ne directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI h				
	or management of the supporting organization was vested in the same persons that controlled of				
	the supported organization(s).	_	1		
Section	on D. All Type III Supporting Organizations				
		r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior to	.ax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the	e supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain				
	the organization maintained a close and continuous working relationship with the supported orga		2		
3	By reason of the relationship described in line 2, above, did the organization's supported organiz		_		
	a significant voice in the organization's investment policies and in directing the use of the organiz				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organi				
	supported organizations played in this regard.		3		
Section	on E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test duri	ng the year <b>(see</b>	e ins	tructi	ons).
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>				
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
с 2	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government en</i> Activities Test. <i>Answer lines 2a and 2b below.</i>	itity (see instructio	ns).	Yes	No
∠ a	Did substantially all of the organization's activities during the tax year directly further the exempt	purposes of [		163	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part V</b> .				
	those supported organizations and explain how these activities directly furthered their exemp	-			
	how the organization was responsive to those supported organizations, and how the organization	· · ·			
	that these activities constituted substantially all of its activities.		2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's				
	involvement, one or more of the organization's supported organization(s) would have been enga	ged in? <i>If</i>			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization	n(s) would			
	have engaged in these activities but for the organization's involvement.		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directed	ors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of eac	h	<b>c</b> '		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		3b		
FFA		Schedul	ο Δ (F	orm 99(	u) 2022

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ		ns must complete Sec	(B) Current Yea
Secti	on A - Adjusted Net Income		(A) Prior Year	(b) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally in	tegrated Type III suppo	rting organization

Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 Means Database Inc V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	47-42	
	on D - Distributions	b) Supporting Organ		Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe			
_	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		<u>VI)</u> 5	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is res		
U	(provide details in <b>Part VI</b> ). See instructions.	r the organization is resp	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount			
		1	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2022	
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - <i>explain in Part VI</i> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
-	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	<b>Excess distributions carryover to 2023</b> . Add lines 3j and 4c.			
	Breakdown of line 7:			
8	E			
	Excess from 2019			
<u> </u>	Excess from 2020			
	Excess from 2021			
e	Excess from 2022			

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D	
(Form 990)	

Department of the Treasury

# **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.

2022

OMB No. 1545-0047

**Open to Public** 

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection						
Name of the organization				Employer iden	r identification number	
Means Database Inc 47-4262060						
Par	tl Organiz	zations Maintaining Donor Advised	Funds or Other Similar Funds or Ac	counts.		
	Comple	te if the organization answered "Yes" of	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	e of contributions to (during year) • • • •				
3	Aggregate value	e of grants from (during year) • • • • •				
4	Aggregate value	at end of year • • • • • • • • • • • • • • • • • • •				
5	Did the organiza	tion inform all donors and donor advisors in	writing that the assets held in donor advised	d		
	funds are the org	ganization's property, subject to the organiza	ation's exclusive legal control?		🗌 Yes 🗌 No	
6	Did the organiza	tion inform all grantees, donors, and donor	advisors in writing that grant funds can be us	sed		
	-	-	nor or donor advisor, or for any other purpos			
					🗌 Yes 🗌 No	
Part		rvation Easements.				
·	Comple	te if the organization answered "Yes" o	on Form 990, Part IV, line 7.			
1		onservation easements held by the organiza				
		of land for public use (for example, recreation		historically imp	oortant land area	
	—	natural habitat	$\int \frac{1}{\sqrt{1-1}}$ Preservation of a	• •		
	=	of open space				
2	Complete lines 2	2a through 2d if the organization held a gual	ified conservation contribution in the form of	a conservation	n	
		e last day of the tax year.			leld at the End of the Tax Year	
а						
b	Total acreage re	stricted by conservation easements		2b		
С			ructure included in (a) - - - - - - -			
d		ervation easements included in (c) acquired				
			•••••	2d		
3		-	eleased, extinguished, or terminated by the o		uring the	
	tax year			0	0	
4	Number of state	s where property subject to conservation ea	sement is located			
5		zation have a written policy regarding the pe				
	violations, and e	inforcement of the conservation easements	it holds?		🗌 Yes 🗌 No	
6			handling of violations, and enforcing conser			
7	Amount of exper	nses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservatio	on easements	during the year	
8	Does each cons	ervation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h	n)(4)(B)(i)		
	and section 170	(h)(4)(B)(ii)?			🗌 Yes 🗌 No	
9	In Part XIII, desc	cribe how the organization reports conservat	tion easements in its revenue and expense s	statement and		
	balance sheet, a	and include, if applicable, the text of the foot	note to the organization's financial statement	ts that describe	es the	
	organization's accounting for conservation easements.					
Part	III Organi	izations Maintaining Collections	of Art, Historical Treasures, or	Other Simi	lar Assets.	
	Comple	te if the organization answered "Yes" o	on Form 990, Part IV, line 8.			
1a	If the organization	on elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	d balance shee	et works	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical tre	asures, or other similar assets held for publi	c exhibition, education, or research in furthe	rance of public	c service,	
		wing amounts relating to these items:		·		
	•				\$	
					\$	
2			easures, or other similar assets for financial		he	
	-	ts required to be reported under FASB ASC				
а	0		· · · · · · · · · · · · · · · · · · ·		\$	
u b		in Form 990 Part Y			•	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	e D (Form 990) 2022 Means Dat							47-426		Page <b>2</b>
Part	t III Organizations Maint	aining Co	llections of	Art, His	torical 1	<b>Freasures</b>	, or O	ther Similar A	Assets (Co	ontinued)
3	Using the organization's acquisition	, accession,	and other recor	ds, check a	any of the f	ollowing that	make si	gnificant use of its	;	
	collection items (check all that appl	y):								
а	Public exhibition			d	🗌 Loan or	r exchange p	rogram			
b	Scholarly research			е	Other					
с	Preservation for future generation	ons			— .					
4	Provide a description of the organiz		tions and expla	in how the	y further the	e organizatio	n's exen	npt purpose in Pa	rt	
	XIII.		·		•	0				
5	During the year, did the organizatio	n solicit or ree	ceive donations	of art. hist	orical treas	sures, or othe	r similar			
-	assets to be sold to raise funds rath								. TYes	
Part				<u> </u>						
	Complete if the organ			" on Forr	n 990, P	art IV, line	9. or 1	reported an ar	nount on	Form
	990, Part X, line 21.				,	,	,	•		
1a	Is the organization an agent, truste	e custodian o	or other interme	diary for co	ontributions	or other ass	ets not			
	included on Form 990, Part X?								. 🗌 Yes	□ No
b	If "Yes," explain the arrangement in									
~	in res, explain the unungement in			onowing tai	510.			Δr	nount	
с	Beginning balance						. 1c		nount	
	Additions during the year									
d	Distributions during the year									
e	Ending balance									
f	-									
2a	Did the organization include an amo							-		_
b Part	If "Yes," explain the arrangement in <b>t V</b> Endowment Funds.	Part XIII. Ch	eck here if the e	explanation	nas been	provided on I	Part XIII			
Fait	Complete if the organ	ization and	worod "Voc	" on Forr	m 000 D	ort IV/ lino	10			
	Complete il tile organ			1					1	
			) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and	d								
	losses									
d	Grants or scholarships	· · · L								
е	Other expenditures for facilities and									
	programs	· · ·								
f	Administrative expenses	· · · L								
g	End of year balance	· · · L								
2	Provide the estimated percentage of			ce (line 1g,	, column (a	)) held as:				
а	Board designated or quasi-endown	nent	%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, a	nd 2c should	equal 100%.							
3a	Are there endowment funds not in t	he possessio	n of the organiz	zation that a	are held an	nd administer	ed for th	e		
	organization by:									Yes No
	(i) Unrelated organizations								. 3a(i)	
	(ii) Related organizations								. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related								. 3b	
4	Describe in Part XIII the intended u	-							L I.	
Part										
	Complete if the organ			" on Forr	n 990. P	art IV. line	11a. S	See Form 990	. Part X. I	ine 10.
	Description of property		(a) Cost or oth			r other basis		Accumulated	(d) Book	
	Description of property		(investm			other)	• •	epreciation	( <b>u</b> ) Book	Value
1a	Land		, <u> </u>			,		-		
b	Buildings									
	5									
С Д	•					2 070		1 500		1 500
d	Equipment					3,076		1,538		1,538
e	Other			Mara 1						
i otal.	Add lines 1a through 1e. (Column (d	) must equal	⊢orm 990, Part	x, column	(B), line 10	ю.) • • • • •				1,538

Schedule D (Form 990) 2022 Means Database Inc		47-4262060 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) • • • • • •		
Part VIII Investments - Program Related		

Prog investments ram Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal inco	ome taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b)	must equal Form 990. Part X. col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . . .

	le D (Form 990) 2022 Means Database Inc	47-4262060	Page 4
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	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.) ••••••••••••••••••••••••••••••••••		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		

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

# SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

#### Means Database Inc

Employer identification number 47-4262060

## 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.