

Return of Organization Exempt From Income Tax

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MILLION MEAL MOVEMENT, INC. F/K/A KIDS AGAINST HUNGER OF CENTRAL IND		D Employer identification number 20-8533217
	Doing business as		E Telephone number 317-508-8545
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 458,516.
	9250 CORPORATION DRIVE	300	
City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46256		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: DANIEL HINTZ SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MILLIONMEALMOVEMENT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2007	M State of legal domicile: IN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MILLION MEAL MOVEMENT, INC., FORMERLY THRIVE360 AND KIDS AGAINST HUNGER OF CENTRAL INDIANA,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	7255
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 436,631.	Current Year 455,959.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92.	96.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,300.	2,461.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	439,023.	458,516.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	164,057.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		116,623.	182,749.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		78,392.	99,427.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	359,072.	494,612.	
19 Revenue less expenses. Subtract line 18 from line 12	79,951.	-36,096.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 294,102.	End of Year 274,202.
	21 Total liabilities (Part X, line 26)	0.	16,196.
	22 Net assets or fund balances. Subtract line 21 from line 20	294,102.	258,006.

Part II Signature Block

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

Sign Here	Signature of officer <i>[Signature]</i>	Date May 15, 2019			
	DANIEL HINTZ, CHAIRMAN Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BRAD M. FELDMAN, CPA	Preparer's signature BRAD M. FELDMAN, CPA	Date 05/13/19	Check if self-employed <input type="checkbox"/>	PTIN P00661658
	Firm's name AGRESTA, STORMS & O'LEARY, PC	Firm's EIN 56-2353893	Firm's address 5140 COMMERCE CIRCLE INDIANAPOLIS, IN 46237	Phone no. (317) 780-9850	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No