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CLIENT'S COPY

THIELEN & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS
591 WEST HAMILTON AVENUE SUITE 201
CAMPBELL, CA 95008

JANUARY 10, 2019

MARTHA'S KITCHEN
311 WILLOW STREET
SAN JOSE, CA 95110
ATTENTION: MS. EDITA CRUZ

DEAR MS. CRUZ:

ENCLOSED IS THE ORGANIZATION'S 2017 EXEMPT ORGANIZATION RETURN.
THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO
ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS
INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN
SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER
COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US AS
SOON AS POSSIBLE.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC
FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE
FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE.
WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT
MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM RRF-1:

THE CALIFORNIA FORM RRF-1 SHOULD BE MAILED AS SOON AS POSSIBLE
TO:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447

SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK OR MONEY ORDER FOR \$150, PAYABLE TO ATTORNEY
GENERAL REGISTRY OF CHARITABLE TRUSTS.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED
INDIVIDUAL(S).

A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION
WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED
WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE
TRUSTS.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

THIELEN & ASSOCIATES

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

MARTHA ' S KITCHEN

91-2091094

Name and title of officer

EDITA CRUZ

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,089,914.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **THIELEN & ASSOCIATES, CPAS** to enter my PIN **95112**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77133453274

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **THIELEN & ASSOCIATES, CPAS** Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017
Open to Public Inspection

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.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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 MARTHA'S KITCHEN		D Employer identification number 91-2091094
	Doing business as		E Telephone number 408-293-6111
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	311 WILLOW STREET		G Gross receipts \$ 2,211,607.
	City or town, state or province, country, and ZIP or foreign postal code SAN JOSE, CA 95110		
F Name and address of principal officer: EDITA CRUZ SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.MARTHAS-KITCHEN.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2000** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MARTHA'S KITCHEN RECYCLES PERISHABLE FOOD DONATED BY RESTAURANTS, GROCERY STORES, FOOD BANKS,		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	100
	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 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,547,669.	Current Year 1,646,876.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	126,313.	129,640.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	256,198.	313,398.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,930,180.	2,089,914.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	784,096.
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)		680,350.	759,422.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 83,242.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		389,711.	393,494.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,854,157.	1,857,266.	
19 Revenue less expenses. Subtract line 18 from line 12	76,023.	232,648.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,928,224.	End of Year 7,376,084.
	21 Total liabilities (Part X, line 26)	112,643.	137,457.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,815,581.	7,238,627.

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		Date		
	EDITA CRUZ, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	PAULA J. THIELEN, CPA				P00503274
Firm's name ▶ THIELEN & ASSOCIATES, CPAS			Firm's EIN ▶ 32-0421533		
Firm's address ▶ 591 WEST HAMILTON AVENUE SUITE 201 CAMPBELL, CA 95008			Phone no. 408-871-5900		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
MARTHA'S KITCHEN RECYCLES PERISHABLE FOOD DONATED BY RESTAURANTS, GROCERY STORES, FOOD BANKS, AND OTHER SOURCES FOR THE PURPOSE OF PROVIDING HOT, NOURISHING MEALS AND FOOD TO NEEDY PERSONS. FOOD IS PROVIDED AT THE ORGANIZATION'S FACILITIES AS WELL AS FOODSTUFFS GIVEN

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 [X] 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 [X] 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 by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,714,076. including grants of \$ 704,350.) (Revenue \$)
MARTHA'S KITCHEN IS A NONPROFIT PUBLIC BENEFIT CORPORATION WHOSE MISSION IS TO PROVIDE MEALS TO NEEDY PERSONS IN SANTA CLARA COUNTY, CALIFORNIA, AND SURROUNDING AREAS. DURING THE CURRENT FISCAL YEAR OVER 420,000 MEALS WERE SERVED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,714,076.

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
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 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in 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)?		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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7e		
	7f		
	7g		
	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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	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	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part 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

Section 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 in Schedule O.		
	1a		11
b	Enter the number of voting members included in line 1a, above, who are independent		11
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 in Schedule O		X

Section 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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in 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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 Upon request Other (explain in Schedule O)
- 19** Describe in 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: **THE ORGANIZATION - 408-293-6111**
311 WILLOW STREET, SAN JOSE, CA 95110

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RON MACKIN DIRECTOR	2.00	X						0.	0.	0.
(2) RAY FLOWERS PRESIDENT	2.00	X		X				0.	0.	0.
(3) GERRY FERRARI VICE-PRESIDENT	2.00	X		X				0.	0.	0.
(4) MARY PAT LASS SECRETARY	2.00	X		X				0.	0.	0.
(5) MICHAEL HACK TREASURER	2.00	X		X				0.	0.	0.
(6) KATIE JAEB DIRECTOR	2.00	X						0.	0.	0.
(7) LON NORMANDIN DIRECTOR	2.00	X						0.	0.	0.
(8) MICHAEL CHRISTIAN DIRECTOR	2.00	X						0.	0.	0.
(9) MEL RUSSI DIRECTOR	2.00	X						0.	0.	0.
(10) LOUISE ZARKA DIRECTOR	2.00	X						0.	0.	0.
(11) ERNIE PACIONI DIRECTOR	2.00	X						0.	0.	0.
(12) EDITA CRUZ EXECUTIVE DIRECTOR	40.00				X			132,308.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							132,308.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							132,308.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	35,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,611,876.				
	g Noncash contributions included in lines 1a-1f: \$		569,599.				
	h Total. Add lines 1a-1f		1,646,876.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		129,623.			129,623.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		101,460.					
		b Less: cost or other basis and sales expenses					
		101,443.					
	c Gain or (loss)						
	17.						
	d Net gain or (loss)			17.		17.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		144,303.			
b Less: direct expenses		b	20,250.				
c Net income or (loss) from fundraising events			124,053.			124,053.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a CAPITAL GAINS DISTRIBUTION		900099	188,778.			188,778.	
	b OTHER INCOME	900099	567.	567.			
c _____							
d All other revenue							
e Total. Add lines 11a-11d			189,345.				
12 Total revenue. See instructions.			2,089,914.	567.	0.	442,471.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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	704,350.	704,350.		
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				
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	601,635.	494,906.	42,537.	64,192.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	109,957.	109,957.		
10 Payroll taxes	47,830.	39,509.	3,316.	5,005.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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 (A) amount, list line 11g expenses on Sch O.)	9,298.		9,298.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology	4,768.	4,361.	70.	337.
15 Royalties				
16 Occupancy	159,126.	155,770.	991.	2,365.
17 Travel	17,085.	16,488.	256.	341.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,689.	350.		3,339.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	120,952.	120,952.		
23 Insurance	30,331.	29,361.	485.	485.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>EQUIPMENT RENTAL AND MA</u>	30,610.	28,861.	1,561.	188.
b <u>SUPPLIES</u>	10,795.	8,033.	1,190.	1,572.
c <u>POSTAGE</u>	4,116.	1,070.	244.	2,802.
d <u>MISCELLANEOUS</u>	2,724.	108.		2,616.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,857,266.	1,714,076.	59,948.	83,242.
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)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	395,142.	1	215,443.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	1,250.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	33,324.	8	28,482.
	9 Prepaid expenses and deferred charges	35,948.	9	77,249.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,611,147.		
	b Less: accumulated depreciation	10b 1,632,925.	1,094,986.	10c 978,222.
	11 Investments - publicly traded securities	5,368,824.	11	6,075,438.
	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 34)	6,928,224.	16	7,376,084.	
Liabilities	17 Accounts payable and accrued expenses	56,036.	17	58,507.
	18 Grants payable		18	
	19 Deferred revenue	56,607.	19	78,950.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third 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	112,643.	26	137,457.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,815,581.	27	7,238,627.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,815,581.	33	7,238,627.	
34 Total liabilities and net assets/fund balances	6,928,224.	34	7,376,084.	

Part 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	2,089,914.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,857,266.
3	Revenue less expenses. Subtract line 2 from line 1	3	232,648.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,815,581.
5	Net unrealized gains (losses) on investments	5	190,398.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,238,627.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

MARTHA ' S KITCHEN

Employer identification number

91-2091094

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. 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 organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. 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 organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1086118.	1515507.	1631155.	1511600.	1646876.	7391256.
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	1086118.	1515507.	1631155.	1511600.	1646876.	7391256.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						7391256.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	1086118.	1515507.	1631155.	1511600.	1646876.	7391256.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	589,917.	128,451.	232,860.	245,232.	318,418.	1514878.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	589,917.	128,451.	232,860.	245,232.	318,418.	1514878.
11 Net income from unrelated business activities not included in 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.)	351.	2,381.		3,536.	567.	6,835.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1676386.	1646339.	1864015.	1760368.	1965861.	8912969.

14 First five 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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	82.93 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	80.87 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	17.00 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	19.04 %

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	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 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?		
2 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

MARTHA ' S KITCHEN

Employer identification number

91-2091094

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization MARTHA ' S KITCHEN	Employer identification number 91-2091094
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COLOMBO CHARITABLE TRUST 1753 LORENZEN DR SAN JOSE, CA 95124	\$ 311,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	EV AND CARLO PEDRON 1021 BLOSSOM HILL RD #30 SAN JOSE, CA 95123	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MR AND MRS BEN RIZZI 14561 WEETH DR SAN JOSE, CA 95124	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MR AND MRS GERRY FERRARI 311 WILLOW ST SAN JOSE, CA 95110	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MR AND MRS RON MACKIN 311 WILLOW ST SAN JOSE, CA 95110	\$ 14,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SAN JOSE WATER COMPANY 110 W TAYLOR ST SAN JOSE, CA 95110	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

MARTHA'S KITCHEN

Employer identification number

91-2091094**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SOBRATO FAMILY FOUNDATION 10600 N DE ANZA BLVD CUPERTINO, CA 95014	\$ 22,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MARIBETH BENHAM FAMILY FOUNDATION 1762 UNIVERSITY AVE SAN JOSE, CA 95126	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ORDER OF MALTA 465 CALIFORNIA ST #818 SAN FRANCISCO, CA 94104	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BERNADETTE ALLEN 311 WILLOW ST SAN JOSE, CA 95110	\$ 7,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	RAVIZZA FAMILY FOUNDATION 300 S SAN ANTONIO RD LOS ALTOS, CA 94022	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ROBERT AND MARILYN KULICK 18074 DAVES AVE MONTE SERENO, CA 95030	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARTHA ' S KITCHEN	Employer identification number 91-2091094
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ITALIAN MEN ' S CLUB 444 W ALMA AVE SAN JOSE, CA 95110	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	TED BIAGINI 311 WILLOW ST SAN JOSE, CA 95110	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CA DRYWALL CO 2290 S 10TH ST SAN JOSE, CA 95112	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	GERALD AND MARY PAT LASS 311 WILLOW ST SAN JOSE, CA 95110	\$ 5,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	LITO AND EDITA CRUZ 7463 DORNOCH CT GILROY, CA 95020	\$ 20,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	FREMONT BANK FOUNDATION 39150 FREMONT BLVD FREMONT, CA 94538	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARTHA ' S KITCHEN	Employer identification number 91-2091094
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SAN FRANCISCO FORTY NINERS FOUNDATION 4949 MARIE P DEBARTOLO WAY SANTA CLARA, CA 95054	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	PAMELA AND JOHN CAYWOOD 311 WILLOW ST SAN JOSE, CA 95110	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	SUNLIGHT GIVING FOUNDATION 855 EL CAMINO REAL PALO ALTO, CA 94301	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	MICHAEL AND VICTORIA HACK 311 WILLOW ST SAN JOSE, CA 95110	\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	MIKE GALLI 311 WILLOW ST SAN JOSE, CA 95110	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	LORRE AND GLENN CHADBOURNE 311 WILLOW ST SAN JOSE, CA 95110	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARTHA ' S KITCHEN	Employer identification number 91-2091094
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	SMART AND FINAL CHARTIABLE FOUNDATION 600 CITADEL DR COMMERCE, CA 90040	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	SWINERTON FOUNDATION 260 TOWNSEND ST SAN FRANCISCO, CA 94107	\$ 5,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	STAR ONE CREDIT UNION 1306 BORDEAUX DR SUNNYVALE, CA 94089	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ST VICTOR'S PARISH 3108 SIERRA RD SAN JOSE, CA 95132	\$ 8,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	ST NICOLAS ORTHODOX GREEK CHURCH 1260 DAVIS ST SAN JOSE, CA 95126	\$ 6,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	ANNE AND ROBERT RODERS 311 WILLOW ST SAN JOSE, CA 95110	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARTHA ' S KITCHEN	Employer identification number 91-2091094
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<u>RANDALL WOLF</u> <u>311 WILLOW ST</u> <u>SAN JOSE, CA 95110</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<u>SALVATION ARMY</u> <u>615 SLATERS LN</u> <u>ALEXANDRIA, VA 22313</u>	\$ <u>17,920.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<u>SANTA CLARA COUNTY REALTORS FOUNDATION</u> <u>1651 N 1ST ST</u> <u>SAN JOSE, CA 95112</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<u>HUNGER AT HOME</u> <u>1346 THE ALAMEDA</u> <u>SAN JOSE, CA 95126</u>	\$ <u>107,129.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<u>SACRED HEART NATIVITY</u> <u>310 EDWARDS AVE</u> <u>SAN JOSE, CA 95110</u>	\$ <u>108,035.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARTHA ' S KITCHEN	Employer identification number 91-2091094
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization MARTHA ' S KITCHEN	Employer identification number 91-2091094
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: MARTHA'S KITCHEN; Employer identification number: 91-2091094

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and Yes/No questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a-1b) regarding reporting of art and historical treasures, including Yes/No questions and dollar amount fields for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		2,611,147.	1,632,925.	978,222.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 978,222.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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 income 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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	2,280,312.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	190,398.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	190,398.
3	Subtract line 2e from line 1	3	2,089,914.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,089,914.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	1,857,266.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,857,266.
4	Amounts included on Form 990, Part IX, line 25, 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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,857,266.

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.

PART X, LINE 2:

MARTHA'S KITCHEN IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE CORRESPONDING SECTIONS OF THE CALIFORNIA REVENUE AND TAXATION ACT. MANAGEMENT HAS EVALUATED MARTHA'S KITCHEN'S OPERATIONS AND CONCLUDED THE FINANCIAL STATEMENTS DO NOT INCLUDE ANY UNCERTAIN TAX POSITIONS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

MARTHA 'S KITCHEN

Employer identification number

91-2091094

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BENEFIT DINNER (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	144,303.			144,303.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	144,303.			144,303.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,250.			20,250.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				20,250.
11 Net income summary. Subtract line 10 from line 3, column (d)				124,053.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ EDITA CRUZ

Address ▶ 311 WILLOW STREET - SAN JOSE, CA 95110

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **MARTHA 'S KITCHEN** Employer identification number **91-2091094**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEALS PROVIDED FOR THOSE IN NEED	428000	0.	704,350.	FAIR MARKET VALUE	MEALS PROVIDED FOR THOSE IN NEED

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **MARTHA ' S KITCHEN** Employer identification number **91-2091094**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X			FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SERVICES)	X	1	0.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION AS A MATTER OF PRACTICE DOES NOT ACCEPT GIFTS IF THE
CONDITIONS ARE OVERLY RESTRICTIVE AND WOULD DIVERT ENERGY FROM
ACCOMPLISHING ITS MISSION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

MARTHA'S KITCHEN

Employer identification number

91-2091094

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND OTHER SOURCES FOR THE PURPOSE OF PROVIDING HOT, NOURISHING MEALS

AND FOOD TO NEEDY PERSONS. FOOD IS PROVIDED AT THE ORGANIZATION'S

FACILITIES AS WELL AS FOODSTUFFS GIVEN TO FAMILIES IN HOME SETTINGS.

FINALLY, OTHER ORGANIZATIONS ARE SUPPORTED BY RECEIVING PREPARED FOOD

DIRECTLY FROM MARTHA'S KITCHEN FOR USE IN THEIR INDIVIDUAL FACILITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO FAMILIES IN HOME SETTINGS. FINALLY, OTHER ORGANIZATIONS ARE

SUPPORTED BY RECEIVING PREPARED FOOD DIRECTLY FROM MARTHA'S KITCHEN FOR

USE IN THEIR INDIVIDUAL FACILITIES.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS GERALD FERRARI AND MICHAEL HACK HAVE A BROKER CLIENT

RELATIONSHIP WITH REGARD TO PERSONAL INVESTMENTS.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE FORM 990 TO BE FILED IS PROVIDED TO THE BOARD OF

MARTHA'S KITCHEN PRIOR TO FINALIZING THE INFORMATION INCLUDED THEREIN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REVIEWS POTENTIAL CONFLICTS OF INTEREST AT BOARD MEETINGS

AND CONFLICT DISCLOSURE FORMS ARE SIGNED AFTER DISCUSSION.

FORM 990, PART VI, SECTION C, LINE 19:

UPON WRITTEN REQUEST THE BOARD WILL PROVIDE A COPY OF THE DOCUMENTS IN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization MARTHA'S KITCHEN	Employer identification number 91-2091094
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QUESTION.

FORM 990, PART XI, LINE 2C:

NO CHANGES IN AUDIT COMMITTEE PROCEDURES.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE AND FIXTURES													
10	CHAIRS, ROUND TABLES, MOBILE TABLE UNITS	06/01/04	SL	5.00	HY17	15,720.				15,720.	15,720.		0.	15,720.
11	HANGING CHAIR TRUCKS	06/01/04	SL	5.00	HY17	960.				960.	960.		0.	960.
12	CONFERENCE TABLE	06/01/04	SL	5.00	HY17	872.				872.	872.		0.	872.
13	U SHAPED DESK	06/01/04	SL	5.00	HY17	1,463.				1,463.	1,463.		0.	1,463.
14	TASK CHAIR	06/01/04	SL	5.00	HY17	211.				211.	211.		0.	211.
15	LATERAL FILE	06/01/04	SL	5.00	HY17	326.				326.	326.		0.	326.
16	12 CONFERENCE ROOM CHAIRS-USED	06/01/04	SL	5.00	HY17	1,999.				1,999.	1,999.		0.	1,999.
31	AWNING	02/01/07	SL	5.00	HY17	2,100.				2,100.	2,100.		0.	2,100.
34	AWNING	12/20/07	SL	5.00	HY17	1,950.				1,950.	1,950.		0.	1,950.
37	CHAIRS AND CART	09/12/07	SL	5.00	HY17	2,756.				2,756.	2,756.		0.	2,756.
38	ROUND SERVING TABLES	02/06/09	SL	5.00	MC17	3,685.				3,685.	3,685.		0.	3,685.
39	CARTS AND SHELVING	06/30/09	SL	5.00	MC17	20,002.				20,002.	20,002.		0.	20,002.
42	FILE CABINET	06/23/10	SL	7.00	MC17	1,868.				1,868.	1,868.		0.	1,868.
56	CONFERENCE ROOM CHAIRS	08/01/16	SL	5.00	MC17	1,000.				1,000.	175.		200.	375.
	* 990 PAGE 10 TOTAL - FURNITURE AND FIXTURES					54,912.				54,912.	54,087.		200.	54,287.
	EQUIPMENT													
4	KITCHEN EQUIPMENT	05/01/01	SL	5.00	HY17	6,391.				6,391.	6,391.		0.	6,391.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
6	KITCHEN EQUIPMENT	05/01/01	SL	5.00	HY17	5,110.				5,110.	5,110.		0.	5,110.
17	FREEZER/COOLER	06/01/04	SL	15.00	HY17	52,752.				52,752.	46,014.		3,517.	49,531.
18	STAINLESS KITCHEN	06/01/04	SL	15.00	HY17	89,513.				89,513.	78,081.		5,968.	84,049.
19	EAST BAY KITCHEN EQUIPMENT	06/01/04	SL	10.00	HY17	129,247.				129,247.	129,247.		0.	129,247.
20	SWING MACHINE	06/01/04	SL	5.00	HY17	4,577.				4,577.	4,577.		0.	4,577.
21	WASHER/DRYER	06/01/04	SL	5.00	HY17	1,055.				1,055.	1,055.		0.	1,055.
25	WATER CONDITIONER	10/03/05	SL	5.00	HY17	2,782.				2,782.	2,782.		0.	2,782.
32	COMPUTER	03/01/07	SL	5.00	HY17	2,042.				2,042.	2,042.		0.	2,042.
33	REFRIGERATION MONITOR	01/31/08	SL	5.00	HY17	3,981.			1,991.	1,990.	1,990.		0.	1,990.
35	BERKEL FOOD MIXER	01/02/08	SL	5.00	HY17	2,807.			1,404.	1,403.	1,403.		0.	1,403.
36	FOOD PROCESSOR	12/29/07	SL	5.00	HY17	1,257.				1,257.	1,257.		0.	1,257.
40	EVAPORATOR COOLER	06/19/09	SL	5.00	MC17	6,160.				6,160.	6,160.		0.	6,160.
41	COMMERCIAL TOASTER	09/08/08	SL	5.00	MC17	1,566.				1,566.	1,566.		0.	1,566.
43	TRANE MOTOR	01/25/10	SL	5.00	MC17	1,930.				1,930.	1,930.		0.	1,930.
44	AED EQUIPMENT	06/30/10	SL	5.00	MC17	1,627.				1,627.	1,627.		0.	1,627.
45	LAPTOP	06/30/10	SL	5.00	MC17	1,026.				1,026.	1,026.		0.	1,026.
46	MAC COMPUTER	01/10/11	SL	5.00	HY17	1,604.				1,604.	1,604.		0.	1,604.
47	PG&E EQUIPMENT	08/24/12	SL	5.00	HY17	1,632.				1,632.	1,467.		165.	1,632.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
49	UPRIGHT FREEZER	01/15/14	SL	5.00	MC17	4,955.				4,955.	3,840.		991.	4,831.
50	CONVECTION OVEN	01/14/14	SL	5.00	MC17	11,960.				11,960.	9,736.		2,224.	11,960.
51	WALK-IN FREEZER	06/01/15	SL	7.00	MC17	29,681.				29,681.	9,010.		4,240.	13,250.
53	WATER HEATER	12/16/16	SL	7.00	MC17	5,800.				5,800.	518.		829.	1,347.
54	MAC COMPUTER	12/01/16	SL	5.00	MC17	1,680.				1,680.	210.		336.	546.
55	CONVECTION OVEN	01/01/17	SL	5.00	MC17	7,456.				7,456.	559.		1,491.	2,050.
57	HVAC	06/30/17	SL	7.00	MC17	10,780.				10,780.	193.		1,540.	1,733.
60	CARTS	11/10/17	SL	5.00	HY19B	2,730.				2,730.			273.	273.
61	ELECTRIC CAN OPENER	02/10/18	SL	5.00	HY19B	1,458.				1,458.			146.	146.
	* 990 PAGE 10 TOTAL - EQUIPMENT					393,559.			3,395.	390,164.	319,395.		21,720.	341,115.
	AUTOMOBILES													
24	2005 ISUZU TRUCK	01/31/05	SL	5.00	HY17	31,121.				31,121.	31,121.		0.	31,121.
52	LOGO TRUCK	06/01/15	SL	5.00	MC17	29,353.				29,353.	12,476.		5,871.	18,347.
58	LIFT GATE	08/08/15	SL	5.00	HY17	6,678.				6,678.	2,446.		1,336.	3,782.
59	TRUCK	07/01/15	SL	5.00	HY17	50,023.				50,023.	20,010.		10,005.	30,015.
	* 990 PAGE 10 TOTAL - AUTOMOBILES					117,175.				117,175.	66,053.		17,212.	83,265.
	LEASEHOLD IMPROVEMENTS													
22	LEASEHOLD IMPROVEMENTS-CONSTRUCTION CO	06/01/04	SL	25.00	HY17	2,009,940.				2,009,940.	1,051,874.		80,398.	1,132,272.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
23	LEASEHOLD IMPROVEMENTS-CONSTRUCTION CO	06/01/05	SL	25.00		HY17	34,561.				34,561.	16,699.		1,382.	18,081.
26	LEASEHOLD IMPROVEMENTS - FENCE	09/21/05	SL	25.00		HY17	1,000.				1,000.	470.		40.	510.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS						2,045,501.				2,045,501.	1,069,043.		81,820.	1,150,863.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,611,147.			3,395.	2,607,752.	1,508,578.		120,952.	1,629,530.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,606,959.			3,395.	2,603,564.	1,508,578.			1,629,111.
	ACQUISITIONS						4,188.			0.	4,188.	0.			419.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						2,611,147.			3,395.	2,607,752.	1,508,578.			1,629,530.
	ENDING ACCUM DEPR											1,632,925.			
	ENDING BOOK VALUE											978,222.			

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MARTHA ' S KITCHEN

FORM 990 PAGE 10

91-2091094

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	120,533.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		4,188.	5 YRS.	HY	SL	419.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	120,952.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle-specific data (a-f) and personal use availability (Yes/No).

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 3 columns (Yes, No, and a shaded area).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2017 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2017 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. MARTHA ' S KITCHEN	Employer identification number (EIN) or 91-2091094
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 311 WILLOW STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN JOSE, CA 95110	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

• The books are in the care of ▶ **311 WILLOW STREET - SAN JOSE, CA 95110**
Telephone No. ▶ **408-293-6111** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MARTHA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE AND FIXTURES											
10	CHAIRS, ROUND TABLES, MOBILE TABLE	060104	SL	5.00	17	15,720.			15,720.	15,720.		0.
11	HANGING CHAIR TRUCKS	060104	SL	5.00	17	960.			960.	960.		0.
12	CONFERENCE TABLE	060104	SL	5.00	17	872.			872.	872.		0.
13	U SHAPED DESK	060104	SL	5.00	17	1,463.			1,463.	1,463.		0.
14	TASK CHAIR	060104	SL	5.00	17	211.			211.	211.		0.
15	LATERAL FILE	060104	SL	5.00	17	326.			326.	326.		0.
16	12 CONFERENCE ROOM CHAIRS-USED	060104	SL	5.00	17	1,999.			1,999.	1,999.		0.
31	AWNING	020107	SL	5.00	17	2,100.			2,100.	2,100.		0.
34	AWNING	122007	SL	5.00	17	1,950.			1,950.	1,950.		0.
37	CHAIRS AND CART	091207	SL	5.00	17	2,756.			2,756.	2,756.		0.
38	ROUND SERVING TABLES	020609	SL	5.00	17	3,685.			3,685.	3,685.		0.
39	CARTS AND SHELVING	063009	SL	5.00	17	20,002.			20,002.	20,002.		0.
42	FILE CABINET	062310	SL	7.00	17	1,868.			1,868.	1,868.		0.
56	CONFERENCE ROOM CHAIRS	080116	SL	5.00	17	1,000.			1,000.	175.		200.
	* 990 PAGE 10 TOTAL - FURNITURE AND FIX					54,912.		0.	54,912.	54,087.		200.
	EQUIPMENT											
4	KITCHEN EQUIPMENT	050101	SL	5.00	17	6,391.			6,391.	6,391.		0.

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MARTHA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
6	KITCHEN EQUIPMENT	050101	SL	5.00	17	5,110.			5,110.	5,110.		0.
17	FREEZER/COOLER	060104	SL	15.00	17	52,752.			52,752.	46,014.		3,517.
18	STAINLESS KITCHEN	060104	SL	15.00	17	89,513.			89,513.	78,081.		5,968.
19	EAST BAY KITCHEN EQUIPMENT	060104	SL	10.00	17	129,247.			129,247.	129,247.		0.
20	SWING MACHINE	060104	SL	5.00	17	4,577.			4,577.	4,577.		0.
21	WASHER/DRYER	060104	SL	5.00	17	1,055.			1,055.	1,055.		0.
25	WATER CONDITIONER	100305	SL	5.00	17	2,782.			2,782.	2,782.		0.
32	COMPUTER	030107	SL	5.00	17	2,042.			2,042.	2,042.		0.
33	REFRIGERATION MONITOR	013108	SL	5.00	17	3,981.		1,991.	1,990.	1,990.		0.
35	BERKEL FOOD MIXER	010208	SL	5.00	17	2,807.		1,404.	1,403.	1,403.		0.
36	FOOD PROCESSOR	122907	SL	5.00	17	1,257.			1,257.	1,257.		0.
40	EVAPORATOR COOLER	061909	SL	5.00	17	6,160.			6,160.	6,160.		0.
41	COMMERCIAL TOASTER	090808	SL	5.00	17	1,566.			1,566.	1,566.		0.
43	TRANE MOTOR	012510	SL	5.00	17	1,930.			1,930.	1,930.		0.
44	AED EQUIPMENT	063010	SL	5.00	17	1,627.			1,627.	1,627.		0.
45	LAPTOP	063010	SL	5.00	17	1,026.			1,026.	1,026.		0.
46	MAC COMPUTER	011011	SL	5.00	17	1,604.			1,604.	1,604.		0.
47	PG&E EQUIPMENT	082412	SL	5.00	17	1,632.			1,632.	1,467.		165.

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MARTHA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
49	UPRIGHT FREEZER	011514	SL	5.00	17	4,955.			4,955.	3,840.		991.
50	CONVECTION OVEN	011414	SL	5.00	17	11,960.			11,960.	9,736.		2,224.
51	WALK-IN FREEZER	060115	SL	7.00	17	29,681.			29,681.	9,010.		4,240.
53	WATER HEATER	121616	SL	7.00	17	5,800.			5,800.	518.		829.
54	MAC COMPUTER	120116	SL	5.00	17	1,680.			1,680.	210.		336.
55	CONVECTION OVEN	010117	SL	5.00	17	7,456.			7,456.	559.		1,491.
57	HVAC	063017	SL	7.00	17	10,780.			10,780.	193.		1,540.
60	CARTS	111017	SL	5.00	19B	2,730.			2,730.			273.
61	ELECTRIC CAN OPENER	021018	SL	5.00	19B	1,458.			1,458.			146.
	* 990 PAGE 10 TOTAL - EQUIPMENT					393,559.		3,395.	390,164.	319,395.		21,720.
	AUTOMOBILES											
24	2005 ISUZU TRUCK	013105	SL	5.00	17	31,121.			31,121.	31,121.		0.
52	LOGO TRUCK	060115	SL	5.00	17	29,353.			29,353.	12,476.		5,871.
58	LIFT GATE	080815	SL	5.00	17	6,678.			6,678.	2,446.		1,336.
59	TRUCK	070115	SL	5.00	17	50,023.			50,023.	20,010.		10,005.
	* 990 PAGE 10 TOTAL - AUTOMOBILES					117,175.		0.	117,175.	66,053.		17,212.
	LEASEHOLD IMPROVEMENTS											
22	LEASEHOLD IMPROVEMENTS-CONSTR	060104	SL	25.00	17	2009940.			2009940.	1051874.		80,398.

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MARTHA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
23	LEASEHOLD IMPROVEMENTS-CONSTR	060105	SL	25.00	17	34,561.			34,561.	16,699.		1,382.
26	LEASEHOLD IMPROVEMENTS - FENC	092105	SL	25.00	17	1,000.			1,000.	470.		40.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVE					2045501.		0.	2045501.	1069043.		81,820.
	* GRAND TOTAL 990 PAGE 10 DEPR					2611147.		3,395.	2607752.	1508578.		120,952.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					2606959.		3,395.	2603564.	1508578.		
	ACQUISITIONS					4,188.		0.	4,188.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					2611147.		3,395.	2607752.	1508578.		

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - MARTHA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE AND FIXTURES								
	CHAIRS,ROUND TABLES,MOBILE TABLE								
10	UNITS	060104	SL	5.00	15,720.		15,720.	15,720.	0.
11	HANGING CHAIR TRUCKS	060104	SL	5.00	960.		960.	960.	0.
12	CONFERENCE TABLE	060104	SL	5.00	872.		872.	872.	0.
13	U SHAPED DESK	060104	SL	5.00	1,463.		1,463.	1,463.	0.
14	TASK CHAIR	060104	SL	5.00	211.		211.	211.	0.
15	LATERAL FILE	060104	SL	5.00	326.		326.	326.	0.
16	12 CONFERENCE ROOM CHAIRS-USED	060104	SL	5.00	1,999.		1,999.	1,999.	0.
31	AWNING	020107	SL	5.00	2,100.		2,100.	2,100.	0.
34	AWNING	122007	SL	5.00	1,950.		1,950.	1,950.	0.
37	CHAIRS AND CART	091207	SL	5.00	2,756.		2,756.	2,756.	0.
38	ROUND SERVING TABLES	020609	SL	5.00	3,685.		3,685.	3,685.	0.
39	CARTS AND SHELVING	063009	SL	5.00	20,002.		20,002.	20,002.	0.
42	FILE CABINET	062310	SL	7.00	1,868.		1,868.	1,868.	0.
56	CONFERENCE ROOM CHAIRS	080116	SL	5.00	1,000.		1,000.	375.	200.
	* 990 PAGE 10 TOTAL - FURNITURE AND								
	FIXTURES				54,912.		54,912.	54,287.	200.
	EQUIPMENT								
4	KITCHEN EQUIPMENT	050101	SL	5.00	6,391.		6,391.	6,391.	0.
6	KITCHEN EQUIPMENT	050101	SL	5.00	5,110.		5,110.	5,110.	0.
17	FREEZER/COOLER	060104	SL	15.00	52,752.		52,752.	49,531.	3,221.
18	STAINLESS KITCHEN	060104	SL	15.00	89,513.		89,513.	84,049.	5,464.
19	EAST BAY KITCHEN EQUIPMENT	060104	SL	10.00	129,247.		129,247.	129,247.	0.
20	SWING MACHINE	060104	SL	5.00	4,577.		4,577.	4,577.	0.
21	WASHER/DRYER	060104	SL	5.00	1,055.		1,055.	1,055.	0.
25	WATER CONDITIONER	100305	SL	5.00	2,782.		2,782.	2,782.	0.
32	COMPUTER	030107	SL	5.00	2,042.		2,042.	2,042.	0.
33	REFRIGERATION MONITOR	013108	SL	5.00	3,981.	1,991.	1,990.	1,990.	0.
35	BERKEL FOOD MIXER	010208	SL	5.00	2,807.	1,404.	1,403.	1,403.	0.
36	FOOD PROCESSOR	122907	SL	5.00	1,257.		1,257.	1,257.	0.
40	EVAPORATOR COOLER	061909	SL	5.00	6,160.		6,160.	6,160.	0.
41	COMMERCIAL TOASTER	090808	SL	5.00	1,566.		1,566.	1,566.	0.
43	TRANE MOTOR	012510	SL	5.00	1,930.		1,930.	1,930.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - MARTHA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
44	AED EQUIPMENT	063010	SL	5.00	1,627.		1,627.	1,627.	0.
45	LAPTOP	063010	SL	5.00	1,026.		1,026.	1,026.	0.
46	MAC COMPUTER	011011	SL	5.00	1,604.		1,604.	1,604.	0.
47	PG&E EQUIPMENT	082412	SL	5.00	1,632.		1,632.	1,632.	0.
49	UPRIGHT FREEZER	011514	SL	5.00	4,955.		4,955.	4,831.	124.
50	CONVECTION OVEN	011414	SL	5.00	11,960.		11,960.	11,960.	0.
51	WALK-IN FREEZER	060115	SL	7.00	29,681.		29,681.	13,250.	4,240.
53	WATER HEATER	121616	SL	7.00	5,800.		5,800.	1,347.	829.
54	MAC COMPUTER	120116	SL	5.00	1,680.		1,680.	546.	336.
55	CONVECTION OVEN	010117	SL	5.00	7,456.		7,456.	2,050.	1,491.
57	HVAC	063017	SL	7.00	10,780.		10,780.	1,733.	1,540.
60	CARTS	111017	SL	5.00	2,730.		2,730.	273.	546.
61	ELECTRIC CAN OPENER	021018	SL	5.00	1,458.		1,458.	146.	292.
	* 990 PAGE 10 TOTAL - EQUIPMENT				393,559.	3,395.	390,164.	341,115.	18,083.
	AUTOMOBILES								
24	2005 ISUZU TRUCK	013105	SL	5.00	31,121.		31,121.	31,121.	0.
52	LOGO TRUCK	060115	SL	5.00	29,353.		29,353.	18,347.	5,871.
58	LIFT GATE	080815	SL	5.00	6,678.		6,678.	3,782.	1,336.
59	TRUCK	070115	SL	5.00	50,023.		50,023.	30,015.	10,005.
	* 990 PAGE 10 TOTAL - AUTOMOBILES				117,175.		117,175.	83,265.	17,212.
	LEASEHOLD IMPROVEMENTS								
	LEASEHOLD IMPROVEMENTS-CONSTRUCTION								
22	COSTS	060104	SL	25.00	2009940.		2009940.	1132272.	80,398.
	LEASEHOLD IMPROVEMENTS-CONSTRUCTION								
23	COSTS	060105	SL	25.00	34,561.		34,561.	18,081.	1,382.
26	LEASEHOLD IMPROVEMENTS - FENCE	092105	SL	25.00	1,000.		1,000.	510.	40.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS				2045501.		2045501.	1150863.	81,820.
	* GRAND TOTAL 990 PAGE 10 DEPR				2611147.	3,395.	2607752.	1629530.	117,315.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) **07/01/2017**, and ending (mm/dd/yyyy) **06/30/2018**

Corporation/Organization name MARTHA'S KITCHEN		California corporation number 2203696	
Additional information. See instructions.		FEIN 91-2091094	
Street address (suite or room) 311 WILLOW STREET		PMB no.	
City SAN JOSE		State CA	ZIP code 95110
Foreign country name		Foreign province/state/county	
		Foreign postal code	

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	564,731.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,646,876.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	2,211,607.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	101,443.00
	7	Total costs. Add line 5 and line 6	7	101,443.00
	8	Total gross income. Subtract line 7 from line 4	8	2,110,164.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,877,474.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	232,690.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A 00
	16	Penalties and Interest. See General Information J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title EXECUTIVE DIRE	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	• PTIN P00503274
	Firm's name (or yours, if self-employed) and address THIELEN & ASSOCIATES, CPAS 591 WEST HAMILTON AVENUE SUITE 201 CAMPBELL, CA 95008			• FEIN 32-0421533
				• Telephone 408-871-5900

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

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

728951 12-06-17

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	144,303.00
	2	Interest	•	2	6,434.00
	3	Dividends	•	3	123,189.00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	•	6	101,460.00
	7	Other income SEE STATEMENT 3	•	7	189,345.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	564,731.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	704,350.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	0.00
	12	Other salaries and wages	•	12	601,635.00
	13	Interest	•	13	00
	14	Taxes	•	14	47,830.00
	15	Rents	•	15	159,126.00
	16	Depreciation and depletion (See instructions)	•	16	120,910.00
	17	Other Expenses and Disbursements SEE STATEMENT 5	•	17	243,623.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,877,474.00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		395,142.		215,443.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		33,324.		28,482.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 6		5,368,824.		6,075,438.
10 a Depreciable assets	2,606,959.		2,611,147.	
b Less accumulated depreciation	(1,511,973.)	1,094,986.	(1,632,925.)	978,222.
11 Land				
12 Other assets STMT 7		35,948.		78,499.
13 Total assets		6,928,224.		7,376,084.
Liabilities and net worth				
14 Accounts payable		56,036.		58,507.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 8		56,607.		78,950.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		6,815,581.		7,238,627.
22 Total liabilities and net worth		6,928,224.		7,376,084.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	232,648.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return STMT 9	•	42.
6	Total. Add line 1 through line 5		232,690.
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		232,690.

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
COLOMBO CHARITABLE TRUST	1753 LORENZEN DR SAN JOSE, CA 95124		311,000.
EV AND CARLO PEDRON	1021 BLOSSOM HILL RD #30 SAN JOSE, CA 95123		5,000.
MR AND MRS BEN RIZZI	14561 WEETH DR SAN JOSE, CA 95124		100,000.
MR AND MRS GERRY FERRARI	311 WILLOW ST SAN JOSE, CA 95110		5,150.
MR AND MRS RON MACKIN	311 WILLOW ST SAN JOSE, CA 95110		14,475.
SAN JOSE WATER COMPANY	110 W TAYLOR ST SAN JOSE, CA 95110		7,500.
SOBRATO FAMILY FOUNDATION	10600 N DE ANZA BLVD CUPERTINO, CA 95014		22,050.
MARIBETH BENHAM FAMILY FOUNDATION	1762 UNIVERSITY AVE SAN JOSE, CA 95126		5,000.
ORDER OF MALTA	465 CALIFORNIA ST #818 SAN FRANCISCO, CA 94104		20,000.
BERNADETTE ALLEN	311 WILLOW ST SAN JOSE, CA 95110		7,830.
RAVIZZA FAMILY FOUNDATION	300 S SAN ANTONIO RD LOS ALTOS, CA 94022		12,000.
ROBERT AND MARILYN KULICK	18074 DAVES AVE MONTE SERENO, CA 95030		40,000.
ITALIAN MEN'S CLUB	444 W ALMA AVE SAN JOSE, CA 95110		8,000.

<u>MARTHA'S KITCHEN</u>		<u>91-2091094</u>
TED BIAGINI	311 WILLOW ST SAN JOSE, CA 95110	5,000.
CA DRYWALL CO	2290 S 10TH ST SAN JOSE, CA 95112	5,000.
GERALD AND MARY PAT LASS	311 WILLOW ST SAN JOSE, CA 95110	5,450.
LITO AND EDITA CRUZ	7463 DORNOCH CT GILROY, CA 95020	20,308.
FREMONT BANK FOUNDATION	39150 FREMONT BLVD FREMONT, CA 94538	5,000.
SAN FRANCISCO FORTY NINERS FOUNDATION	4949 MARIE P DEBARTOLO WAY SANTA CLARA, CA 95054	10,000.
PAMELA AND JOHN CAYWOOD	311 WILLOW ST SAN JOSE, CA 95110	5,000.
SUNLIGHT GIVING FOUNDATION	855 EL CAMINO REAL PALO ALTO, CA 94301	60,000.
MICHAEL AND VICTORIA HACK	311 WILLOW ST SAN JOSE, CA 95110	8,750.
MIKE GALLI	311 WILLOW ST SAN JOSE, CA 95110	5,000.
LORRE AND GLENN CHADBOURNE	311 WILLOW ST SAN JOSE, CA 95110	11,000.
SMART AND FINAL CHARTIABLE FOUNDATION	600 CITADEL DR COMMERCE, CA 90040	5,000.
SWINERTON FOUNDATION	260 TOWNSEND ST SAN FRANCISCO, CA 94107	5,445.
STAR ONE CREDIT UNION	1306 BORDEAUX DR SUNNYVALE, CA 94089	5,000.
ST VICTOR'S PARISH	3108 SIERRA RD SAN JOSE, CA 95132	8,410.

MARTHA'S KITCHEN

91-2091094

ST NICOLAS ORTHODOX GREEK CHURCH	1260 DAVIS ST SAN JOSE, CA 95126	6,420.
ANNE AND ROBERT RODERS	311 WILLOW ST SAN JOSE, CA 95110	5,000.
RANDALL WOLF	311 WILLOW ST SAN JOSE, CA 95110	5,000.
SALVATION ARMY	615 SLATERS LN ALEXANDRIA, VA 22313	17,920.
SANTA CLARA COUNTY REALTORS FOUNDATION	1651 N 1ST ST SAN JOSE, CA 95112	5,000.
HUNGER AT HOME	1346 THE ALAMEDA SAN JOSE, CA 95126	107,129.
SACRED HEART NATIVITY	310 EDWARDS AVE SAN JOSE, CA 95110	108,035.
TOTAL INCLUDED ON LINE 3		<u>976,872.</u>

CA 199		GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT 2
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
MSSB - 1758			PURCHASED		
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE	
	101,443.	0.	0.	101,460.	
TOTAL TO FORM 199, PAGE 2, LN 6	101,443.	0.	0.	101,460.	

CA 199	OTHER INCOME	STATEMENT 3
<u>DESCRIPTION</u>		<u>AMOUNT</u>
CAPITAL GAINS DISTRIBUTIONS		188,778.
OTHER INCOME		567.
TOTAL TO FORM 199, PART II, LINE 7		189,345.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 4
<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
RON MACKIN 311 WILLOW STREET SAN JOSE, CA 95110	DIRECTOR 2.00	0.
RAY FLOWERS 311 WILLOW STREET SAN JOSE, CA 95110	PRESIDENT 2.00	0.
GERRY FERRARI 311 WILLOW STREET SAN JOSE, CA 95110	VICE-PRESIDENT 2.00	0.
MARY PAT LASS 311 WILLOW STREET SAN JOSE, CA 95110	SECRETARY 2.00	0.

MARTHA'S KITCHEN

91-2091094

MICHAEL HACK
311 WILLOW STREET
SAN JOSE, CA 95110

TREASURER
2.00

0.

KATIE JAEB
311 WILLOW STREET
SAN JOSE, CA 95110

DIRECTOR
2.00

0.

LON NORMANDIN
311 WILLOW STREET
SAN JOSE, CA 95110

DIRECTOR
2.00

0.

MICHAEL CHRISTIAN
311 WILLOW STREET
SAN JOSE, CA 95110

DIRECTOR
2.00

0.

MEL RUSSI
311 WILLOW STREET
SAN JOSE, CA 95110

DIRECTOR
2.00

0.

LOUISE ZARKA
311 WILLOW STREET
SAN JOSE, CA 95110

DIRECTOR
2.00

0.

ERNIE PACIONI
311 WILLOW STREET
SAN JOSE, CA 95110

DIRECTOR
2.00

0.

EDITA CRUZ
311 WILLOW STREET
SAN JOSE, CA 95110

EXECUTIVE DIRECTOR
40.00

0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
EQUIPMENT RENTAL AND MA		30,610.
SUPPLIES		10,795.
POSTAGE		4,116.
MISCELLANEOUS		2,724.
DIRECT EXPENSES OF FUNDRAISING EVENTS		20,250.
OTHER EMPLOYEE BENEFITS		109,957.
OTHER PROFESSIONAL FEES		9,298.
INFORMATION TECHNOLOGY		4,768.
TRAVEL		17,085.
CONFERENCES AND CONVENTIONS		3,689.
INSURANCE		30,331.
TOTAL TO FORM 199, PART II, LINE 17		243,623.

CA 199	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	5,368,824.	6,075,438.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	5,368,824.	6,075,438.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	0.	1,250.
PREPAID EXPENSES AND DEFERRED CHARGES	35,948.	77,249.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	35,948.	78,499.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	56,607.	78,950.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	56,607.	78,950.

CA 199

EXPENSES RECORDED ON BOOKS THIS YEAR
NOT DEDUCTED IN THIS RETURN

STATEMENT 9

DESCRIPTION

AMOUNT

DEPRECIATION

42.

TOTAL TO FORM 199, SCHEDULE M-1, LINE 5

42.

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 91-2091094

Corporation name

California corporation number

MARTHA ' S KITCHEN

2203696

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	10	2,611,147.	1,511,366.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	120,910.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	120,910.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	120,952.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	-42.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	

CA 3885

DEPRECIATION

STATEMENT 10

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
4 KITCHEN EQUIPMENT	05/01/01	6,391.	6,391.	SL	5.00	0.	
6 KITCHEN EQUIPMENT	05/01/01	5,110.	5,110.	SL	5.00	0.	
10 CHAIRS,ROUND TABLES,MOBILE TABLE UNITS	06/01/04	15,720.	15,720.	SL	5.00	0.	
11 HANGING CHAIR TRUCKS	06/01/04	960.	960.	SL	5.00	0.	
12 CONFERENCE TABLE	06/01/04	872.	872.	SL	5.00	0.	
13 U SHAPED DESK	06/01/04	1,463.	1,463.	SL	5.00	0.	
14 TASK CHAIR	06/01/04	211.	211.	SL	5.00	0.	
15 LATERAL FILE	06/01/04	326.	326.	SL	5.00	0.	
16 12 CONFERENCE ROOM CHAIRS-USED	06/01/04	1,999.	1,999.	SL	5.00	0.	
17 FREEZER/COOLER	06/01/04	52,752.	46,014.	SL	15.00	3,517.	
18 STAINLESS KITCHEN	06/01/04	89,513.	78,081.	SL	15.00	5,968.	
19 EAST BAY KITCHEN EQUIPMENT	06/01/04	129,247.	129,247.	SL	10.00	0.	
20 SWING MACHINE	06/01/04	4,577.	4,577.	SL	5.00	0.	
21 WASHER/DRYER	06/01/04	1,055.	1,055.	SL	5.00	0.	
22 LEASEHOLD IMPROVEMENTS-CONSTRUCTION COSTS	06/01/04	2,009,940.	1,051,874.	SL	25.00	80,398.	
23 LEASEHOLD IMPROVEMENTS-CONSTRUCTION COSTS	06/01/05	34,561.	16,699.	SL	25.00	1,382.	
24 2005 ISUZU TRUCK	01/31/05	31,121.	31,121.	SL	5.00	0.	
25 WATER CONDITIONER	10/03/05	2,782.	2,782.	SL	5.00	0.	
26 LEASEHOLD IMPROVEMENTS - FENCE	09/21/05	1,000.	470.	SL	25.00	40.	
31 AWNING	02/01/07	2,100.	2,100.	SL	5.00	0.	
32 COMPUTER	03/01/07	2,042.	2,042.	SL	5.00	0.	
33 REFRIGERATION MONITOR	01/31/08	3,981.	3,981.	SL	5.00	0.	
34 AWNING	12/20/07	1,950.	1,950.	SL	5.00	0.	
35 BERKEL FOOD MIXER	01/02/08	2,807.	2,807.	SL	5.00	0.	
36 FOOD PROCESSOR	12/29/07	1,257.	1,257.	SL	5.00	0.	
37 CHAIRS AND CART	09/12/07	2,756.	2,756.	SL	5.00	0.	
38 ROUND SERVING TABLES	02/06/09	3,685.	3,685.	SL	5.00	0.	

MARTHA'S KITCHEN91-2091094

39	CARTS AND SHELVING						
	06/30/09	20,002.	20,002.	SL	5.00	0.	
40	EVAPORATOR COOLER						
	06/19/09	6,160.	6,160.	SL	5.00	0.	
41	COMMERCIAL TOASTER						
	09/08/08	1,566.	1,566.	SL	5.00	0.	
42	FILE CABINET						
	06/23/10	1,868.	1,868.	SL	7.00	0.	
43	TRANE MOTOR						
	01/25/10	1,930.	1,930.	SL	5.00	0.	
44	AED EQUIPMENT						
	06/30/10	1,627.	1,627.	SL	5.00	0.	
45	LAPTOP						
	06/30/10	1,026.	1,026.	SL	5.00	0.	
46	MAC COMPUTER						
	01/10/11	1,604.	1,604.	SL	5.00	0.	
47	PG&E EQUIPMENT						
	08/24/12	1,632.	1,576.	SL	5.00	56.	
49	UPRIGHT FREEZER						
	01/15/14	4,955.	3,469.	SL	5.00	991.	
50	CONVECTION OVEN						
	01/14/14	11,960.	9,736.	SL	5.00	2,224.	
51	WALK-IN FREEZER						
	06/01/15	29,681.	8,833.	SL	7.00	4,240.	
52	LOGO TRUCK						
	06/01/15	29,353.	12,231.	SL	5.00	5,871.	
53	WATER HEATER						
	12/16/16	5,800.	414.	SL	7.00	829.	
54	MAC COMPUTER						
	12/01/16	1,680.	196.	SL	5.00	336.	
55	CONVECTION OVEN						
	01/01/17	7,456.	746.	SL	5.00	1,491.	
56	CONFERENCE ROOM CHAIRS						
	08/01/16	1,000.	183.	SL	5.00	200.	
57	HVAC						
	06/30/17	10,780.	193.	SL	7.00	1,540.	
58	LIFT GATE						
	08/08/15	6,678.	2,446.	SL	5.00	1,336.	
59	TRUCK						
	07/01/15	50,023.	20,010.	SL	5.00	10,005.	
60	CARTS						
	11/10/17	2,730.		SL	5.00	364.	
61	ELECTRIC CAN OPENER						
	02/10/18	1,458.		SL	5.00	122.	
TOTAL TO FORM 3885		<u>2,611,147.</u>	<u>1,511,366.</u>			<u>120,910.</u>	

TAXABLE YEAR
2017

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
MARTHA ' S KITCHEN	91-2091094

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1 <u>2,211,607.00</u>
2 Total gross income (Form 199, line 8)	2 <u>2,110,164.00</u>
3 Total expenses and disbursements (Form 199, line 9)	3 <u>1,877,474.00</u>

Part II Settle Your Account Electronically for Taxable Year 2017

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

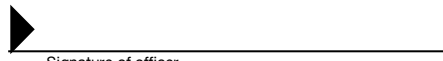
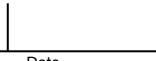
5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

Signature of officer _____ Date _____



_____ **EXECUTIVE DIRECTOR**

Title _____

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO ERO's signature	THIELEN & ASSOCIATES, CPAS	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00503274
Must Sign Firm's name (or yours if self-employed) and address	THIELEN & ASSOCIATES, CPAS 591 WEST HAMILTON AVENUE SUITE 201 CAMPBELL, CA			FEIN 32-0421533	ZIP code 95008

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign Firm's name (or yours if self-employed) and address	_____		FEIN _____
			ZIP code _____

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT A16988	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
MARTHA'S KITCHEN <small>Name of Organization</small>	Corporate or Organization No. <u>2203696</u>
<u>311 WILLOW STREET</u> <small>Address (Number and Street)</small>	Federal Employer I.D. No. <u>91-2091094</u>
<u>SAN JOSE, CA 95110</u> <small>City or Town, State and ZIP Code</small>	

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2017 ending 06/30/2018) list:
 Gross annual revenue \$ 2,089,914. Total assets \$ 7,376,084.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.	X	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 408-293-6111

Organization's e-mail address EDITACRUZ@GMAIL.COM

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

EDITA CRUZ

EXECUTIVE DIRECTOR

Signature of authorized officer

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 11

FEMA 088000-052 - \$35,000

CA RRF-1

EXPLANATION OF CHARITABLE RAFFLES
PART B, LINE 7

STATEMENT 12

CA DEPT OF JUSTICE - RF0002178