PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

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| Form 990 |
|----------------------------|
| Form JJU |
| (Rev. January 2020) |
| Department of the Treasury |

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

| AF | or th | e 2019 calendar year, or tax year beginning JUL 1, 2019 and e | ending J | UN 30, 2020 | | | | | | |
|-----------------------------|--------------------|---|--|------------------------------|--------------------------------|--|--|--|--|--|
| B C | heck if oplicab | C Name of organization | | D Employer identifi | cation number | | | | | |
| | Addre | MARTHA'S KITCHEN | | | | | | | | |
| | Name | | 91-2091094 | | | | | | | |
| | Initial returr | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numbe | r | | | | | |
| | Final Final | / 311 WILLOW STREET | | 408-293-6111 | | | | | | |
| | termii ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 6,046,831. | | | | | |
| | Amer returr | SAN JOSE, CA 95110 | | H(a) Is this a group re | eturn | | | | | |
| | Appli tion | F Name and address of principal officer. Did the | | for subordinates | s? Yes 🗴 No | | | | | |
| | pendi | SAME AS C ABOVE | | H(b) Are all subordinates ir | ncluded? Yes No | | | | | |
| | | empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c | or 📃 527 | If "No," attach a | list. (see instructions) | | | | | |
| | | te: WWW.MARTHAS-KITCHEN.ORG | | H(c) Group exemption | | | | | | |
| | | f organization: X Corporation Trust Association Other ► | L Year | of formation: 2000 | VI State of legal domicile: CA | | | | | |
| Pa | rt I | Summary | | | | | | | | |
| 6 | 1 | Briefly describe the organization's mission or most significant activities: | G THE HUN | IGRY WITH DIGNITY | ; | | | | | |
| Governance | | NO QUESTIONS ASKED. | | | | | | | | |
| erne | 2 | Check this box 🕨 🛄 if the organization discontinued its operations or dispos | ed of more | than 25% of its net as | sets. | | | | | |
| ove | 3 | | | | 12 | | | | | |
| 5 | 4 | Number of independent voting members of the governing body (Part VI, line 1b) $\$. | | 12 | | | | | | |
| es | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | 13 | | | | | | |
| viti | 6 | Total number of volunteers (estimate if necessary) | | 3500 | | | | | | |
| Activities & | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | | | | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, line 39 | | | | | | | | |
| | | | | Prior Year | Current Year | | | | | |
| P | 8 | Contributions and grants (Part VIII, line 1h) | | 1,455,418. 94,876. | 3,659,851. 96,589. | | | | | |
| ent | 9 | | ogram service revenue (Part VIII, line 2g) | | | | | | | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1,130,221. | 259,893. | | | | | |
| - | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 2,299. | 0. | | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,682,814. | 4,016,333. | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 769,225. | 1,793,205. | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 878,299. | 1,054,143. | | | | | |
| sua | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | | |
| Expenses | | Total fundraising expenses (Part IX, column (D), line 25) | | 400 555 | 644.262 | | | | | |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 409,777. | ' | | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,057,301. | | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 625,513. | | | | | | |
| ts of | | | Be | ginning of Current Year | End of Year | | | | | |
| Net Assets or Eund Balances | 20 | Total assets (Part X, line 16) | ······ | 7,252,437. | 8,467,008. | | | | | |
| et A | 21 | Total liabilities (Part X, line 26) | | 149,664. | 705,825. | | | | | |
| | 22 rt II | Net assets or fund balances. Subtract line 21 from line 20 | | 7,102,773. | 7,761,183. | | | | | |
| | | - | and atotors | nto and to the best of m | uknowledge and balief it is | | | | | |
| | - | alties of perjury, I declare that I have examined this return, including accompanying schedules and complete. Declaration of preparer (other than officer) is based on all information of wh | | | y knowledge and beller, it is | | | | | |

| Signature of officer Date | | | | |
|---|------------------------------|--|--|--|
| Here BILL LEE, EXECUTIVE DIRECTOR Type or print name and title | | | | |
| Print/Type preparer's name Preparer's signature Date Check PTII Paid MATTHEW PETROSKI 01/19/21 if self-employed P0085 | - | | | |
| Preparer Firm's name ARMANINO LLP Firm's EIN 94-621 | Firm's EIN 94-6214841 | | | |
| Use Only Firm's address 50 W. SAN FERNANDO ST, STE 500 | | | | |
| SAN JOSE, CA 95113 Phone no.408-200-640 | 0 | | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) | Yes No | | | |

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| | n 990 (2019) MARTHA'S KITCHEN | 91-2091094 Page 2 |
|--------|---|------------------------------------|
| | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | Х |
| 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? | |
| - | If "Yes," describe these new services on Schedule O. | vices? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program server with the server are server as a server of the server are ser | |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program service | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t | to others, the total expenses, and |
| | revenue, if any, for each program service reported. (Code:) (Expenses \$3,069,864. including grants of \$1,793,205.) |) (Revenue \$ 96,589.) |
| 4a | (Code:) (Expenses \$S,009,004. including grants of \$I,793,203.) MARTHA'S KITCHEN IS A NONPROFIT PUBLIC BENEFIT CORPORATION WHOSE |) (Revenue \$ 90,309. |
| | MARTINA S RITCHEN IS A NONFROFTI FUBLIC BENEFIT CORFORATION WHOSE MISSION IS TO PROVIDE MEALS TO NEEDY PERSONS IN SANTA CLARA COUNTY, | |
| | CALIFORNIA, AND SURROUNDING AREAS. DURING THE CURRENT FISCAL YEAR OVER | |
| | 580,000 MEALS WERE SERVED. | |
| | JOO, OOO MEALS WERE SERVED. | |
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| 4b | (Code:) (Expenses \$ including grants of \$) |) (Revenue \$) |
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| 4c | (Code:) (Expenses \$ including grants of \$) |) (Revenue \$) |
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| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses 3,069,864. | _ 000 / |
| | | Form 990 (2019) |
| 932002 | 2 01-20-20 ว | |

2 2019.05030 MARTHA'S KITCHEN

| Form | 990 (2019) MARTHA'S KITCHEN 91-20910 | 94 | Р | age 3 |
|--------|--|------|-----|--------------|
| Par | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 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? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | x |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X | |
| 932003 | 01-20-20 | Form | 990 | (2019) |

3 2019.05030 MARTHA'S KITCHEN

| Form | | 1-209109 | 4 | Р | age 4 |
|---------|--|------------|---------|-----|--------------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | | |
| | | , | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | 22 | X | <u> </u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curr | ent | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | | |
| | Schedule J | | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as o | f the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | | |
| | Schedule K. If "No," go to line 25a | | 24a | | <u>x</u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | ſ | 24b | | <u> </u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas | e | | | |
| | any tax-exempt bonds? | | 24c | | <u> </u> |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | 24d | | <u> </u> |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | ſ | 25a | | <u>x</u> |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an | | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | e | | | |
| | Schedule L, Part I | | 25b | | <u>x</u> |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | | 26 | | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed | | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% con | | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Par | : /// | 27 | | 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): | | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | | |
| | "Yes," complete Schedule L, Part IV | | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | 28b | | X |
| с | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | | |
| | "Yes," complete Schedule L, Part IV | | 28c | | <u>x</u> |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | ſ | 29 | Х | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | | |
| | contributions? If "Yes," complete Schedule M | | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | | |
| | Schedule N, Part II | | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | | |
| - | Part V, line 1 | | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | r | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled enti | | | | 1 |
| <i></i> | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | 35b | | ├── |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization | | <i></i> | | |
| | If "Yes," complete Schedule R, Part V, line 2 | | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | ····· | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | | 1 |
| De | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | | 38 | Х | <u> </u> |
| Fal | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | | |
| | | ا ہ | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 2 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | |
| | (gambling) winnings to prize winners? | | 1c | X | <u> </u> |
| 932004 | 4 01-20-20 | | Form | 990 | (2019) |

| Form | 990 (2019) MARTHA'S KITCHEN 91-209109 | 4 | Р | age 5 | | | | | |
|--------|--|------------|-----|--------------|--|--|--|--|--|
| Par | art V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | |
| | | | Yes | No | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 13 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | x | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | Зb | | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | 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? | 5a | | x | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | x | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| ~ | | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | х | | | | | | |
| | | 7b | х | <u> </u> | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | <u> </u> | | | | | |
| U | to file Form 8282? | 7c | | x | | | | | |
| Ь | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 10 | | | | | | | |
| e | | 7e | | x | | | | | |
| f | | 76 7f | | x | | | | | |
| | If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | N/A | | | | | | |
| g b | If the organization received a contribution of qualified intellectual property, did the organization life of organization file a Form 1098-C? | 79 7h | N/A | | | | | | |
| h 8 | | | | | | | | | |
| 0 | 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 | | | | | | | |
| 0 | | 0 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A | 0- | | | | | | | |
| a L | | 9a 0h | | | | | | | |
| b | | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| | | | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a | | | | | | | | |
| | | | | | | | | | |
| a | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | |
| 40- | amounts due or received from them.) | 10- | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | <u>12a</u> | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 10 | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? N/A | <u>13a</u> | | | | | | | |
| - | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| | organization is licensed to issue qualified health plans 13b | | | | | | | | |
| | Enter the amount of reserves on hand | | | v | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | _ | 990 | | | | | | |

Form **990** (2019)

932005 01-20-20

| Form | | -2091094 | | age 6 |
|----------|---|-----------------|---------------|----------|
| Par | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a | nd for a "No" | respon | se |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | <u></u> | | X |
| Sec | tion 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 1a | 12 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b | 12 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | ו ו | | |
| | of officers, directors, 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? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | <u>7a</u> | 1 | 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? | <u>7b</u> | , | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | The governing body? | | | |
| b | Each committee with authority to act on behalf of the governing body? | <u>8b</u> | , X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| <u> </u> | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | V. | |
| 10- | Did the eventication have lead shorters, have short as efflicted. | 40 | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | 10a | a | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 10 | | |
| 110 | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | a | |
| | | 12: | a X | |
| | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | | - | <u> </u> |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i> | | <u>,</u> | <u> </u> |
| C | | 120 | x | |
| 13 | in Schedule O how this was done Did the organization have a written whistleblower policy? | | | <u> </u> |
| 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | | | <u> </u> |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| 10 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15: | a X | |
| | Other officers or key employees of the organization | | | x |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | <u> </u> | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| .00 | taxable entity during the year? | 16; | a | 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? | 16 | | |
| Sec | tion C. Disclosure | <u> .e.</u> | - | |
| 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 | 501(c)(3)s onl | y) availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po | olicy, and fina | ncial | |
| | 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 | | | |
| 932006 | 5 01-20-20 | For | rm 990 | (2019) |
| | | | | |
| 30T | .19 701245 124122 2019.05030 MARTHA'S KITCHEN | | 1 Z | 412 |

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| Form 990 (2019) | MARTHA'S KITCHEN | 91-2091094 | Page 7 | | | | | | | |
|--|--|--|-------------|--|--|--|--|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | | | | | |
| Emplo | oyees, and Independent Contractors | | | | | | | | | |
| Check i | if Schedule O contains a response or note to any line in this Part VII | | | | | | | | | |
| Section A. Office | ers, Directors, Trustees, Key Employees, and Highest Compensated Empl | oyees | | | | | | | | |
| 1a Complete this ta | able for all persons required to be listed. Report compensation for the calenda | ar year ending with or within the organization's | s tax year. | | | | | | | |
| | organization's current officers, directors, trustees (whether individuals or organization) | anizations), regardless of amount of compens | ation. | | | | | | | |
| Enter -0- in columns | s (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.

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

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

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|---------------------------------|------------------------|--------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|-----------------|-----------------|---------------------------|
| Name and title | Average | (do | | Pos | | ו than o | ane | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson i | is botł | n an | compensation | compensation | amount of |
| | week | | cer ar I | nd a d I | lirecto | or/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | e | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related | ustee | truste | | 9 | bens | | (W-2/1099-MISC) | | organization |
| | organizations below | ual tr | tional | | n ploye | t com | | | | and related organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) RAY FLOWERS | 6.00 | _ | - | | - | 1 | | | | |
| PRESIDENT | | х | | х | | | | 0. | 0. | 0. |
| (2) GERALD FERRARI | 4.00 | | | | | | | | | |
| IMMEDIATE PAST PRESIDENT | | х | | х | | | | ٥. | 0. | 0. |
| (3) MARY PAT LASS | 2.00 | | | | | | | | | |
| SECRETARY | | х | | х | | | | ٥. | 0. | 0. |
| (4) MICHAEL HACK | 2.00 | | | | | | | | | |
| TREASURER | | Х | | х | | | | ٥. | 0. | 0. |
| (5) MICHAEL CHRISTIAN | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) RAY DAVILLA | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) KARTHIK KANNAN | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) RON MACKIN | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) LON NORMANDIN | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) MELVIN RUSSI, MD | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | ٥. | ٥. | 0. |
| (11) LOUISE ZARKA | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | ٥. | ٥. | 0. |
| (12) TOM VICTORINE | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | ٥. | ٥. | 0. |
| (13) ARCHIE MOORE | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | ٥. | ٥. | 0. |
| (14) EDITZA CRUZ | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR (THRU 09/19) | | | | Х | | | | 117,896. | ٥. | 10,163. |
| (15) WILLIAM LEE | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | х | | | | 102,115. | 0. | 464. |
| | | | | | | | | | | |
| | | | - | | | - | | | | |
| | | | | | | | | | | |
| | I | 1 | L | L | L | 1 | | 1 | | 000 (0010) |

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932007 01-20-20

Form 990 (2019)

| | 1990 (2019) MARTHA'S KITC | CHEN | | | | | | | | 91-20 | 9109 | 4 | P | age 8 |
|-------|---|--|--------------------------------|--|----------|--------------|---------------------------------|--------|--|---|---------|-----------------|---|----------------|
| Pa | t VII Section A. Officers, Directors, Trus | | ploy | ees, | | | ghes | st C | ompensated Employee | s (continued) | | | | |
| | (A) (B) Name and title Average hours per week | | | Average hours perPosition (do not check more than one box, unless person is both anReportable compensation | | | | | | (E) Reportable compensation from related | | ion amou | | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization: (W-2/1099-MIS | | fr org an | pensa rom th anizat d relat anizati | e ion ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1h | Subtotal | | | | | | | | 220,011. | | 0. | | 10. | 627. |
| с | Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | | 0. | | | 0. |
| 2 | Total (add lines 1b and 1c) Total number of individuals (including but n | ot limited to th | | | | | | o re | , | 000 of reportable | | | 10, | |
| | compensation from the organization | | | | | | | | | | | | Yes | 2 No |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si | | | | | | | | | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the su | m of reportabl | e co | mpe | ensa | tion | and | oth | ner compensation from th | ne organization | | | | v |
| 5 | and related organizations greater than \$150 Did any person listed on line 1a receive or a | | | | | | | | | | | 4 | | X |
| Sec | rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors | plete Schedule | e J fo | or sı | ıch r | oers | on . | | | | <u></u> | 5 | | X |
| 1 | Complete this table for your five highest con the organization. Report compensation for t | | | | | | | | | | oensat | tion fro | om | |
| | (A) Name and business | | NO | | <u> </u> | | | | (B) Description of s | | C |) ompe | C) nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | _ | | | | | | |
| 2 | Total number of independent contractors (ir | | | nitor | | ther | | ted | above) who received me | ore than | | | | |
| ~ | \$100,000 of compensation from the organiz | • | | me | | | o 0 | .eu | | ne unali | | _ | 000 | 00.1 |
| | | | | | | | | | | | | Form | 990 (| 2019) |

932008 01-20-20

| | <u>1 990 (</u> | | CHEN | | | | 91-209109 | 4 Page 9 |
|---|----------------|---|-------------|--------------------|---------------|------------------------------------|-------------------------------|-------------------------|
| Ра | rt VII | Statement of Revenue | | | | | | |
| | | Check if Schedule O contains a | response o | r note to any line | | (=) | (2) | |
| | | | | | (A) | (B) | (C) | (D) Revenue excluded |
| | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | from tax under |
| | | | | | | | | sections 512 - 514 |
| 6 0 | 1 - | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ı a | | | | | | | |
| | b | | 1b | 07.000 | | | | |
| Ϋ́Ϋ́Ϋ́Ϋ́Ϋ́Ϋ́Ϋ́Ϋ́Ϋ́Ϋ́Ϋ́Ϋ́Ϋ́Υ | С | Fundraising events | 1c | 97,666. | | | | |
| ar Lit | d | Related organizations | 1d | | | | | |
| ي. عار | е | Government grants (contributions) | 1e | 272,500. | | | | |
| Sig | f | All other contributions, gifts, grants, and | | | | | | |
| p ti | | similar amounts not included above | 1f | 3,289,685. | | | | |
| ĞΞ | g | | 1g \$ | 1,598,777. | | | | |
| 0 p | 9 | | | | 3,659,851. | | | |
| 0 0 | n | Total. Add lines 1a-1f | | ····· • • | 5,055,051. | | | |
| | | | - | Business Code | | | | |
| e | 2 a | SACRED HEART NATIVITY | | 624210 | 96,589. | 96,589. | | |
| Program Service Revenue | b | | | | | | | |
| Se | с | | | | | | | |
| ĒŠ | d | | | | | | | |
| 2 S G G G G | e | | | | | | | |
| 2 2 | | All other presson convice revenue | | | | | | |
| - | • | All other program service revenue | | | 06 590 | | | |
| | g | | | | 96,589. | | | |
| | 3 | Investment income (including divider | | | | | | |
| | | other similar amounts) | | 🕨 📘 | 170,158. | | | 170,158. |
| | 4 | Income from investment of tax-exem | pt bond pro | oceeds 🕨 🕨 | | | | |
| | 5 | Royalties | | 🕨 | | | | |
| | | |) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | | |
| | | | | | | | | |
| | b | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | с | Rental income or (loss) 6c | | | | | | |
| | d | (, , , , , , , , , , , , , , , , , , , | | ····· • | | | | |
| | 7 a | Gross amount from sales of (i) Se | ecurities | (ii) Other | | | | |
| | | assets other than inventory 7a 2,0 | 68,395. | | | | | |
| | b | Less: cost or other basis | | | | | | |
| ē | | and sales expenses 7b 1,9 | 78,660. | | | | | |
| ent | | | 89,735. | | | | | |
| ě | | · · · · · · · · · · · · · · · · · · · | | | 89,735. | | | 89,735. |
| Other Revenue | | Net gain or (loss) | | | | | | |
| the | 8 a | Gross income from fundraising events (n | | | | | | |
| Ò | | including \$ 97,666. | - | | | | | |
| | | contributions reported on line 1c). Se | ee | | | | | |
| | | Part IV, line 18 | 8a | 51,838. | | | | |
| | b | Less: direct expenses | 8b | 51,838. | | | | |
| | с | Net income or (loss) from fundraising | events | | 0. | | | |
| | | Gross income from gaming activities | | - | | | | |
| | | Part IV, line 19 | | | | | | |
| | L L | | | | | | | |
| | | Less: direct expenses | | | | | | |
| | | | | • | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | | |
| | | and allowances | 10a | | | | | |
| | b | Less: cost of goods sold | 10b | | | | | |
| | | Net income or (loss) from sales of inv | | | | | | |
| | | | | Business Code | | | | |
| sn | 11 a | | F | | | | | |
| oet ue | a | | | | | | | |
| ellaneo evenue | b | | | | | | | |
| Se Ce | | | | | | | | |
| Miscellaneous Revenue | | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d | | ► | | | | |
| | 12 | Total revenue. See instructions | <u></u> | 🕨 | 4,016,333. | 96,589. | 0. | 259,893. |
| 93200 | 9 01-20 | -20 | | | | | | Form 990 (2019) |

9 2019.05030 MARTHA'S KITCHEN

MARTHA'S KITCHEN

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 respons | | | | |
|--------|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 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 | | н | - J - | ľ |
| | and domestic governments. See Part IV, line 21 | 1,719,094. | 1,719,094. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 74,111. | 74,111. | | |
| 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 | 206,522. | 76,081. | 80,437. | 50,004. |
| 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 | 621,574. | 541,042. | 52,619. | 27,913. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 37,611. | 30,077. | 4,973. | 2,561. |
| 9 | Other employee benefits | 121,964. | 92,347. | 18,794. | 10,823. |
| 10 | Payroll taxes | 66,472. | 50,729. | 10,078. | 5,665. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 32,250. | | 32,250. | |
| с | Accounting | 12,279. | | 12,279. | |
| d | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 36,329. | | 36,329. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 5,406. | 2,176. | 3,230. | |
| 12 | Advertising and promotion | 22,122. | | | 22,122. |
| 13 | Office expenses | 84,240. | 61,651. | 14,894. | 7,695. |
| 14 | Information technology | 5,969. | | | 5,969. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 271,804. | 255,484. | 8,160. | 8,160. |
| 17 | Travel | 27,229. | 25,794. | 1,435. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 1,288. | 430. | 858. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 106,165. | 106,165. | | |
| 23 | Insurance | 38,699. | 34,683. | 2,264. | 1,752. |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | DUES AND SUBSCRIPTIONS | 583. | | 583. | |
| b | | | | | |
| с | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,491,711. | 3,069,864. | 279,183. | 142,664. |
| 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 Figure if following SOP 98-2 (ASC 958-720) | | | | |
| 932010 | 0 01-20-20 | 10 | | | Form 990 (2019) |

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MARTHA'S KITCHEN

| | | Check if Schedule O contains a response or note | to any | line in this Part X | | | |
|-----------------------------|-----|--|-----------|---------------------|---------------------------------|-----|-------------------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 140,872. | 1 | 1,168,840. |
| | 2 | Savings and temporary cash investments | | 2 | | | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current or t | former o | fficer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | | | |
| | | controlled entity or family member of any of these | e persor | ıs | | 5 | |
| | 6 | Loans and other receivables from other disqualified | ed pers | ons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | | 6 | |
| ŝ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 36,621. | 8 | 72,520. |
| Š | 9 | | | | 69,281. | 9 | 377,078. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 2,664,559. | | | |
| | b | Less: accumulated depreciation | 10b | 1,815,490. | 861,700. | 10c | 849,069. |
| | 11 | Investments - publicly traded securities | | | 5,731,349. | 11 | 5,884,007. |
| | 12 | Investments - other securities. See Part IV, line 11 | I | | 412,614. | 12 | 115,494. |
| | 13 | Investments - program-related. See Part IV, line 1 | 1 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | l line 33 |) | 7,252,437. | 16 | 8,467,008. |
| | 17 | Accounts payable and accrued expenses | 94,064. | 17 | 509,513. | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | 55,600. | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete P | art IV o | Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or forme | er office | r, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substa | intial co | ntributor, or 35% | | | |
| iabi | | controlled entity or family member of any of these | e persor | is | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelat | ed third | parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | third pa | rties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | ables to | related third | | | |
| | | parties, and other liabilities not included on lines | 17-24). | Complete Part X | | | |
| | | of Schedule D | | ····· - | 0. | 25 | 196,312. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 149,664. | 26 | 705,825. |
| 6 | | Organizations that follow FASB ASC 958, chec | k here | | | | |
| čě | | and complete lines 27, 28, 32, and 33. | | | | | |
| alan | 27 | | | | 7,102,773. | 27 | 7,425,855. |
| ä | 28 | Net assets with donor restrictions | | | | 28 | 335,328. |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 95 | khere 🕨 🛄 | | | | |
| ř | | and complete lines 29 through 33. | | | | | |
| ts | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sse | 30 | Paid-in or capital surplus, or land, building, or equ | | | | 30 | |
| ťÅ | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | E 874 400 |
| Ne | 32 | Total net assets or fund balances | | | 7,102,773. | 32 | 7,761,183. |
| | 33 | Total liabilities and net assets/fund balances | | | 7,252,437. | 33 | 8,467,008. Form 990 (2019 |

Form 990 (2019)

| Form | 990 (2019) MARTHA'S KITCHEN | 91-209109 | 4 | Pad | _{ge} 12 |
|------|--|-----------|---------|------|------------------|
| | rt XI Reconciliation of Net Assets | | | | 2 |
| | 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 | 4, | 016, | 333. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | З, | 491, | 711. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 524, | 622. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 7, | 102, | 773. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 133, | 788. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 7, | 761, | 183. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | <u> </u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C |). | | | |
| 2a | | | 2a | | 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: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | 1 |
| | review, or compilation of its financial statements and selection of an independent accountant? | r | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | le Audit | | | v |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | | | | 1 |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | (2010) |

Form **990** (2019)

932012 01-20-20

Department of the Treasury

(Form 990 or 990-EZ)

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.

| OMB No. 1545-0047 |
|------------------------------|
| 2019 |
| Open to Public Inspection |

| Intern | al Rever | nue Service | | Go to www.irs.gov | /Form990 for instruction | ons and th | e latest ir | formation. | | Inspection | |
|----------|-----------|---------------------|-------------------------|--------------------------------|---|------------------------|------------------|-----------------|--------------------------------|----------------------------|--|
| Nan | ne of t | he organizati | on | | | | | | Employer identification number | | |
| | | | | 'S KITCHEN | | | | | | 91-2091094 | |
| Pa | rtl | Reason | for Public (| Charity Status (| All organizations must co | omplete th | is part.) Se | e instructions | 3. | | |
| The | organ | ization is not a | a private found | ation because it is: (I | For lines 1 through 12, cl | heck only | one box.) | | | | |
| 1 | | A church, co | nvention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(1 |)(A)(i). | | | |
| 2 | | A school des | cribed in sect i | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | n 990 or 99 | 90-EZ).) | | | | |
| 3 | | A hospital or | a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | i). | | | |
| 4 | | A medical res | search organiz | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | |
| | | city, and stat | | | | | | | | | |
| 5 | | | | | llege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in | |
| | | | | Complete Part II.) | | | | | | | |
| 6 | | | - | - | nental unit described in | | | | | | |
| 7 | X | - | | • | ntial part of its support fr | om a gove | ernmental | unit or from th | ne general p | bublic described in | |
| - | | - | | omplete Part II.) | | | | | | | |
| 8 | | - | | | (1)(A)(vi). (Complete Par | | | | | | |
| 9 | | - | - | | in section 170(b)(1)(A)(| | - | | - | - | |
| | | - | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | or | |
| 10 | | university: | on that norma | Illy roopiyoo: (1) moro | than 33 1/3% of its supp | out from a | ontributio | na momborok | in food on | d aroos respirate from | |
| 10 | | • | | | tt to certain exceptions, | | | | • | • | |
| | | | | | (less section 511 tax) fro | | | | | - | |
| | | | | mplete Part III.) | | | loco doqui | | | | |
| 11 | | | | • | vely to test for public sat | fetv. See | section 50 |)9(a)(4). | | | |
| 12 | \square | • | 0 | • | vely for the benefit of, to | | | | rrv out the | purposes of one or | |
| | | - | • | - | d in section 509(a)(1) o | - | | | • | | |
| | | | | - | f supporting organizatior | | | | | | |
| а | | 7 | - | • • | upervised, or controlled | | | | - | giving | |
| | | the suppor | ted organizatio | on(s) the power to reg | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | ipporting | |
| | | organizatio | n. You must c | omplete Part IV, Se | ections A and B. | | | | | | |
| b | | Type II. A s | supporting org | anization supervised | or controlled in connect | ion with its | s supporte | d organizatio | n(s), by hav | ing | |
| | | control or r | nanagement o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | orted | |
| | | organizatio | n(s). You mus | t complete Part IV, | Sections A and C. | | | | | | |
| С | | Type III fur | nctionally inte | grated. A supporting | g organization operated | in connect | tion with, a | and functional | ly integrate | d with, | |
| | | its support | ed organization | n(s) (see instructions) |). You must complete I | Part IV, Se | ctions A, | D, and E. | | | |
| d | | | - | | oorting organization oper | | | | - | | |
| | | that is not f | functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | uirement and | an attentiv | reness | |
| | | - · | | | nplete Part IV, Sections | | | | | | |
| е | | _ | 0 | | written determination from | | | Type I, Type | II, Type III | | |
| | - | - | | ••• | nally integrated supporting | ng organiz | ation. | | | | |
| f | | | of supported o | • | d arganization(a) | | | | | | |
| <u> </u> | | i) Name of supp | | about the supporte (ii) EIN | (iii) Type of organization | (iv) Is the org | anization listed | (v) Amount of | monetary | (vi) Amount of other | |
| | | organizatior | ı | | (described on lines 1-10 above (see instructions)) | in your governi Yes | No | support (see ir | structions) | support (see instructions) | |
| | | | | | above (see instructions)) | | | | | | |
| | | | | | | | | | | | |
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| Tota | al | | | | | | | | | 1 | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 MARTHA'S KITCHEN

91-2091094

Page **2**

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.)

| See | ction A. Public Support | | | | | | |
|------|--|-------------------------------|------------------------|------------------------|-----------------------|------------------------|-------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1,631,155. | 1,547,669. | 1,646,876. | 1,455,418. | 3,659,851. | 9,940,969. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 3 | 1,631,155. | 1,547,669. | 1,646,876. | 1,455,418. | 3,659,851. | 9,940,969. |
| 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) | | | | | | 440,692. |
| | Public support. Subtract line 5 from line 4. | | | | | | 9,500,277. |
| | | (-) 0015 | (1-) 0010 | (-) 0017 | (-1) 0010 | (-) 0010 | (5) Tatal |
| | ndar year (or fiscal year beginning in) | (a) 2015 1,631,155. | (b) 2016 1,547,669. | (c) 2017 1,646,876. | (d)2018 1,455,418. | (e) 2019 3,659,851. | (f) Total 9,940,969. |
| 8 | Amounts from line 4 Gross income from interest, | 1,001,100. | 1,547,005. | 1,040,070. | 1,400,410. | 3,035,031. | 5,510,505. |
| 0 | · · | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, and income from similar sources | 230,184. | 245,463. | 318,401. | 303,008. | 170,158. | 1,267,214. |
| 9 | Net income from unrelated business | | , | | | | _,, |
| 5 | 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.) | | 155,395. | 144,870. | 72,413. | 51,838. | 424,516. |
| 11 | Total support. Add lines 7 through 10 | | | · | · | | 11,632,699. |
| 12 | Gross receipts from related activities, | etc. (see instructio | uns) | | | 12 | 191,465. |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, third | l, fourth, or fifth ta | x year as a section | 501(c)(3) | |
| | organization, check this box and stop | here | | | | | |
| See | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2019 (li | ine 6, column (f) di | vided by line 11, co | olumn (f)) | | 14 | 81.67 % |
| 15 | Public support percentage from 2018 | Schedule A, Part | II, line 14 | | | 15 | 73.72 % |
| 16a | 33 1/3% support test - 2019. If the c | organization did no | t check the box or | line 13, and line 1 | 4 is 33 1/3% or m | ore, check this box | |
| | stop here. The organization qualifies | . , | • | | | | |
| b | 33 1/3% support test - 2018. If the c | | | | | | |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | - | | | | | |
| | and if the organization meets the "fac | | | - | - | - | |
| - | meets the "facts-and-circumstances" | e e | • | | • | | |
| b | 10% -facts-and-circumstances test | - | | | | | |
| | more, and if the organization meets th | | | | | | |
| 40 | organization meets the "facts-and-circ | | - | - | • • • • | | |
| 18 | Private foundation. If the organizatio | n did not check a l | box on line 13, 16a | i, 100, 178, 0r 17b | | | |
| | | | | | Sche | dule A (Form 990 | UI 990-EZ) 2019 |

932022 09-25-19

11190119 701245 124122

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.)

| Sec | tion A. Public Support | | | | | | |
|----------|--|----------------------|----------------------|------------------------|---------------------|----------------|-----------------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | 9 (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 received from disgualified persons | | | | | | |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 Sec | Public support. (Subtract line 7c from line 6.) tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | 9 (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| 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.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a sectio | n 501(c)(3) or | ganization, |
| | check this box and stop here | | | | | | |
| Sec | tion C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 | Public support percentage for 2019 (I | ine 8, column (f), c | livided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2018 | | | | | 16 | % |
| | tion D. Computation of Inves | | | | | <u> </u> | |
| | Investment income percentage for 20 | | ' | | | 17 | % |
| | Investment income percentage from | | | | | | % |
| 19a | 33 1/3% support tests - 2019. If the | | | | | | line 17 is not |
| | more than 33 1/3%, check this box ar | - | • | | • • | | ► |
| b | 33 1/3% support tests - 2018. If the | | | | | | |
| 00 | line 18 is not more than 33 1/3%, che | | | | | | |
| | Private foundation. If the organization | n ala not check a | box on line 14, 19 | va, or 190, check t | | | P |
| 93202 | 3 09-25-19 | | 1 5 | | Sci | ieuule A (FOr | m 990 or 990-EZ) 2019 |

2019.05030 MARTHA'S KITCHEN

Page 4

Yes No

1

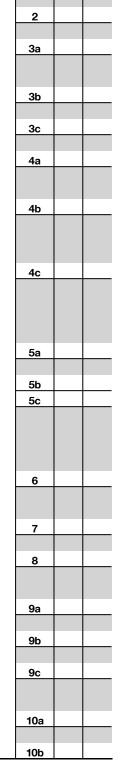
Part IV Supporting Organizations

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

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| | | | Yes | No |
|--------|--|-----------|--------|------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion 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? 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. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion 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)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion 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? | 1 | | |
| 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? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 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? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion 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) | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions) | | - |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| 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? 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | 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? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| 932025 | 09-25-19 Schedule A (Form 9 | 90 or 99 | 90-EZ) | 2019 |

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| t V Type III Non-Functionally Integrated 509(a)(3) Supportir | ng Orgar | nizations | 91-2091094 Page t |
|--|--|--|--|
| Check here if the organization satisfied the Integral Part Test as a qualifyin | ng trust on | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| other Type III non-functionally integrated supporting organizations must c | omplete Se I | ections A through E. | |
| ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| Net short-term capital gain | 1 | | |
| Recoveries of prior-year distributions | 2 | | |
| Other gross income (see instructions) | 3 | | |
| Add lines 1 through 3. | 4 | | |
| Depreciation and depletion | 5 | | |
| 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 | | |
| Other expenses (see instructions) | 7 | | |
| Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| Average monthly value of securities | 1a | | |
| Average monthly cash balances | 1b | | |
| Fair market value of other non-exempt-use assets | 1c | | |
| Total (add lines 1a, 1b, and 1c) | 1d | | |
| Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| Subtract line 2 from line 1d. | 3 | | |
| Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| Multiply line 5 by .035. | 6 | | |
| Recoveries of prior-year distributions | 7 | | |
| Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| ion C - Distributable Amount | | | Current Year |
| Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| Enter 85% of line 1. | 2 | | |
| Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| Enter greater of line 2 or line 3. | 4 | | |
| Income tax imposed in prior year | 5 | | |
| Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | 6 | | |
| | Check here if the organization satisfied the Integral Part Test as a qualifyir other Type III non-functionally integrated supporting organizations must or ion A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly use of balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year | Check here if the organization satisfied the Integral Part Test as a qualifying trust on other Type III non-functionally integrated supporting organizations must complete Setion A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income of romanagement, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income 8 ion B - Minimum Asset Amount 8 Average monthly value of securities 1a Average monthly value of securities 1a Average monthly value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): 4 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract li | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in other Type III non-functionally integrated supporting organizations must complete Sections A through E. ion A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other gross income of for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other gross income of for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other gross instructions 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Neare or assets held for part of year): 7 Adjusted Net Neare or assets held for part of year): Average monthy cash balances 1a 4 4 Fair market value of other non-exempt-use assets 1c 1 Discount claided lines 1a, 1b, and 10; 1 1 |

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

| 2 Amounts p organizatio 3 Administration 4 Amounts p | ributions aid to supported organizations to accomplish exen aid to perform activity that directly furthers exempt ns, in excess of income from activity tive expenses paid to accomplish exempt purposes aid to acquire exempt-use assets et-aside amounts (prior IRS approval required) | t purposes of supported | | Current Year |
|--|--|------------------------------|--------------------------------|----------------------------------|
| 2 Amounts p organizatio 3 Administration 4 Amounts p | aid to perform activity that directly furthers exempt ns, in excess of income from activity tive expenses paid to accomplish exempt purposes aid to acquire exempt-use assets | t purposes of supported | | |
| organizatio 3 Administra 4 Amounts p | ns, in excess of income from activity tive expenses paid to accomplish exempt purpose aid to acquire exempt-use assets | | | |
| 3 Administra4 Amounts p | tive expenses paid to accomplish exempt purposes aid to acquire exempt-use assets | s of supported organizations | | |
| 4 Amounts p | aid to acquire exempt-use assets | s of supported organizations | | |
| | | | 3 | |
| 5 Qualified se | at-aside amounts (prior IRS approval required) | | | |
| | et aside amoditis (phot into approval required) | | | |
| 6 Other distri | butions (describe in Part VI). See instructions. | | | |
| 7 Total annu | al distributions. Add lines 1 through 6. | | | |
| 8 Distribution | ns to attentive supported organizations to which th | e organization is responsive | | |
| (provide de | tails in Part VI). See instructions. | | | |
| 9 Distributab | le amount for 2019 from Section C, line 6 | | | |
| 10 Line 8 amo | unt divided by line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Section E - Distr | ibution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| 1 Distributab | le amount for 2019 from Section C, line 6 | | | |
| 2 Underdistri | butions, if any, for years prior to 2019 (reason- | | | |
| able cause | required- explain in Part VI). See instructions. | | | |
| 3 Excess dist | tributions carryover, if any, to 2019 | | | |
| a From 2014 | | | | |
| b From 2015 | | | | |
| c From 2016 | | | | |
| d From 2017 | | | | |
| e From 2018 | | | | |
| f Total of lin | es 3a through e | | | |
| g Applied to | underdistributions of prior years | | | |
| h Applied to | 2019 distributable amount | | | |
| i Carryover f | rom 2014 not applied (see instructions) | | | |
| j Remainder | . Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distribution | ns for 2019 from Section D, | | | |
| line 7: | \$ | | | |
| a Applied to | underdistributions of prior years | | | |
| b Applied to | 2019 distributable amount | | | |
| c Remainder | . Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining | underdistributions for years prior to 2019, if | | | |
| any. Subtra | act lines 3g and 4a from line 2. For result greater | | | |
| than zero, e | explain in Part VI. See instructions. | | | |
| 6 Remaining | underdistributions for 2019. Subtract lines 3h | | | |
| and 4b fror | n line 1. For result greater than zero, explain in | | | |
| Part VI. Se | e instructions. | | | |
| 7 Excess dis | stributions carryover to 2020. Add lines 3j | | | |
| and 4c. | | | | |
| 8 Breakdowr | n of line 7: | | | |
| a Excess from | m 2015 | | | |
| b Excess from | m 2016 | | | |
| c Excess from | m 2017 | | | |
| d Excess from | m 2018 | | | |
| e Excess from | n 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

| Part VI | Supplemental Information. Provide the explanatio Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 9 (See instructions.) |)c, 11a, 11b, and 11c; Part IV, Sectic ines 1c, 2a, 2b, 3a, and 3b; Part V, li | on B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, |
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| 032028 09-25-1 | 19 | 20 | Schedule A (Form 990 or 990-EZ) 2019 |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

| * * | PUBLIC | DISCLOSURE | COPY | * * |
|-----|--------|------------|------|-----|
|-----|--------|------------|------|-----|

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

2019

Employer identification number

| MARTHA'S KITCHEN | 91-2091094 |
|--------------------------------|------------|
| Organization type (check one): | |

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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.

| | 3 (Form 990, 990-EZ, or 990-PF) (2019) | | Page 2 |
|--------------|---|-------------------------------|---|
| Name of or | rganization | E | mployer identification number |
| MARTHA'S | KITCHEN | | 91-2091094 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I i | f additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$125,00 | 0. Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$839,66 | Person Payroll 7. Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$250,00 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$335,32 | 8. Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 923452 11-06 | | \$ | Person Payroll (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | | Page 3 |
|---|---|--|
| Name of organization | | Employer identification number |
| MARTHA'S KITCHEN | | 91-2091094 |
| Part II Noncash Property (see instructions). Use duplicate copies of Part | t II if additional space is needed | |
| (a) No. (b) from Description of noncash property given Part I | (c) FMV (or estimate (See instructions. | |
| FOOD | | |
| 2 | — | |
| | \$839, | <u>667.</u> <u>06/30/20</u> |
| (a) No. (b) from Description of noncash property given Part I | (c) FMV (or estimate (See instructions. | |
| | | |
| | \$ | |
| (a) No. (b) from Description of noncash property given Part I | (c) FMV (or estimate (See instructions. | |
| | | |
| | \$ | |
| (a) No. (b) from Description of noncash property given Part I | (c) FMV (or estimate (See instructions. | |
| | | |
| | \$ | |
| (a) No. (b) from Description of noncash property given Part I | (c) FMV (or estimate (See instructions. | |
| | | |
| | \$ | |
| (a) No. (b) from Description of noncash property given Part I | (c) FMV (or estimate (See instructions. | |
| | | |
| | \$ | |
| 923453 11-06-19 23 | | B (Form 990, 990-EZ, or 990-PF) (2019) |

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Page 4

| ame of orc | ganization | | Employer identification number |
|---------------------------|--|--|--|
| artha's | KITCHEN | | 91-2091094 |
| Part III | Exclusively religious, charitable, etc., contribu | tions to organizations described in sec | tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea |
| | from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 or le | . For organizations ss for the year. (Enter this info. once.) \$ |
| (a) No. | Use duplicate copies of Part III if additional | space is needed. | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| - | | (e) Transfer of gift | |
| | | (0) | |
| Ļ | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
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| | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | | | |
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| F | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
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| (a) No. from | | | (d) Decemination of how with its hold |
| Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
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| | | | |
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| | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd 7I P + 4 | Relationship of transferor to transferee |
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| | | | |
| (a) No. | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| a) No. from Part I | | (e) Transfer of gift | |
| a) No. from Part I | (b) Purpose of gift | (e) Transfer of gift | (d) Description of how gift is held |
| (a) No. from Part I | | (e) Transfer of gift | |
| (a) No. from Part I | | (e) Transfer of gift | |

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2019.05030 MARTHA'S KITCHEN

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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.



| Name | of the | organization |
|------|--------|--------------|
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| mployer identification nur |
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| Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yee' or Form 950, Part N, Ine 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of grants from (during year) (c) Donor advised funds (c) Part M 6 Ddt the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only for charitable private partication scores (equal table the organization (frame equal table the organization in the form of a nor advisor of nor more partication (frame accounts) Yes No 6 Ddt the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only incorrelable private participation frame advisors of nor advisor of norm 980, Part N, Ine 7. Yes No 7 Purposegit of conservation assemments held by the organization (frame account) Preservation of a historical tymotical thar area //////////////////////////////////// | Name | of the organization MARTHA'S KITCHEN | | | | | Employer identification nu 91-2091094 | Imber |
|---|------|---|-------------------|--------|-----------------|------------------|--|---------|
| organization answered "Yes" on Form 930, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts (c) Funds and other accounts (c) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of the contributions to the organization's exclusive legal control? Aggregate value of anti-fund grantese, doncer, and donor advised in writing that grant funds can be used only for charitable purposes and not for the barefit of the donor advisor, or for any other purpose conferring impermissible private barefit? Parpose(s) of conservation esaments held by the organization inform 40% or form 900, Part IV, line 7. Parpose(s) of conservation esaments held by the organization inform 40% or form 900, Part IV, line 7. Parpose(s) of conservation esaments held by the organization inform 40% or form 900, Part IV, line 7. Parpose(s) of conservation esaments held by the organization inform 40% or form 900, Part IV, line 7. Protection of natural habitat Preservation of an for public use (for example, increasion or educator) Preservation of a historically important land area Protection of natural habitat Preservation of a conservation esaments Aggregate value esaments Automative of conservation esaments Automative included in (a) aquified atter 7/25/06, and not on a historically important land area Aumber of conservation esaments modified, transferred, released, extinguished, or terminated by the organization dave quarkets Number of states where property subject to conservation esaments included in (b) acquired atter 7/25/06, and not on a historic structure Jad Number of conservation esaments modified, transferred, released, extinguished, or terminated by the organization have avaited to monitoring, inspecting, handling of violations, and enforcing conservation esaments lucide Staff and volutires hound devio | Par | | inds or Oth | or Si | milar Fun | ds or Ac | | |
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| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. 1a If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: c) Re | | year ► | | | | | | |
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| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. 1a If the organization elected, as permitted under FASE ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASE ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X | 7 | Amount of expenses incurred in monitoring, inspecting, handling of | of violations, an | d enf | orcing conse | rvation eas | ements during the year | |
| and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X § 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X § b Assets included in Form 990, Part X § | | ►\$ | | | | | | |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X | 8 | | • | | | | | _ |
| balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X | | | | | | | | No |
| organization's accounting for conservation easements. 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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iv) Fervenue included on Form 990, Part X (iv) Assets included in Form 990, Part X (v) Fervenue included on Form | 9 | In Part XIII, describe how the organization reports conservation ea | sements in its i | even | ue and exper | ise stateme | ent and | |
| 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. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included in Form 990, Part X b Assets included in Form 990, Part X | | | o the organizat | on's | financial state | ements that | t describes the | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c) \$ (ii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (iiii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included in Form | Der | organization's accounting for conservation easements. | Historiaal | Troo | | Other Ci | miler Acceto | |
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X | Par | | | rrea | isures, or | Other Si | milar Assels. | |
| of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X | | | , | | | | | |
| service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ Assets included in Form 990, Part X | 1a | | • | | | | | |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X | | | | | | | ce of public | |
| art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X | h | | | | | | aboat warks of | |
| provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X | b | - | - | | | | | |
| (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X | | · · · · · · · · · · · · · · · · · · · | billon, educatio | n, or | research in i | linerance | or public service, | |
| (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ | | | | | | | ► ¢ | |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X | | | | | | | | |
| the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X | 0 | | | | | | | |
| a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X | 2 | | | | | ciai yairi, p | | |
| b Assets included in Form 990, Part X \$ | ~ | - | - | | | | ► ¢ | |
| | | | | | | | | |
| | | | | | | | |)) 2010 |

932051 10-02-19

25 2019.05030 MARTHA'S KITCHEN

| | dule D (Form 990) 2019 MARTHA'S KI | | | | | 91-209 | | Pa | age 2 |
|--------|---|-----------------------|-------------------------|---------------------|---------------|-------------|------------------|----------|--------------|
| Pa | t III Organizations Maintaining C | ollections of Art | , Historical Tre | asures, or Oth | ner Simila | ar Assets | contii | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the f | ollowing that make | e significant | use of its | | | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| с | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further th | e organization's e | xempt purp | ose in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations o | f art, historical treas | sures, or other sim | ilar assets | | _ | | _ |
| _ | to be sold to raise funds rather than to be ma | | | | | | Yes | | No |
| Pa | t IV Escrow and Custodial Arran | | te if the organizatio | n answered "Yes" | on Form 99 | 0, Part IV, | line 9, or | | |
| | reported an amount on Form 990, Pa | t X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | _ | | _ |
| | on Form 990, Part X? | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the foll | owing table: | | | 1 | | | |
| | | | | | | | Amoun | t | |
| | Beginning balance | | | | | | | | |
| d | Additions during the year | | | | | | | | |
| е | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | 1f | | | | |
| | Did the organization include an amount on F | | | | | L | Yes | | No |
| Pa | If "Yes," explain the arrangement in Part XIII. | | | | | | | | |
| Fai | t V Endowment Funds. Complete i | ĭ | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years bac | | years back | (e) ⊦ou | r years | back |
| 1a | Beginning of year balance | 2,421,158. | 6,075,438. | 5,142,571 | | | | | |
| b | Contributions | | 254 290 | 022.965 | , | | | | |
| с | Net investment earnings, gains, and losses | | -354,280. | 932,867 | ′• | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | 25 637 | 3 300 000 | | | | | | |
| | and programs | 25,637. | 3,300,000. | | | | | | |
| | Administrative expenses | 2,395,521. | 2,421,158. | 6,075,438 | 2 | | | | |
| g | End of year balance | | | | ·• | | | | |
| 2 | Provide the estimated percentage of the curr | 100.00 | |) held as: | | | | | |
| a | Board designated or quasi-endowment | | _% | | | | | | |
| u e | | % | | | | | | | |
| С | | | | | | | | | |
| 20 | The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse | | tion that are hold or | d administered for | r the organi | ration | | | |
| Ja | | SSION OF THE OFGALIZA | lion that are new ar | iu auministereu ioi | r the organi | Zation | | Yes | No |
| | by: (i) Unrelated organizations | | | | | | 3a(i) | 165 | X |
| | (i) Unrelated organizations(ii) Related organizations | | | | | | 3a(ii) | | x |
| h | If "Yes" on line 3a(ii), are the related organizations | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | |
| Pa | t VI Land, Buildings, and Equipm | U U | ment lands. | | | | | | |
| | Complete if the organization answere | | Part IV, line 11a, S | ee Form 990. Part | X. line 10. | | | | |
| | Description of property | (a) Cost or o | | | Accumula | ted | (d) Boo | k valu | e |
| | Description of property | basis (investm | • • • | | depreciatio | | (u) 200 | it value | 0 |
| 1a | Land | | , | | · · · | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | 2 | ,045,502. | 1,314 | ,504. | | 730. | 998. |
| | Equipment | | | 439,468. | , | ,104. | | | 364. |
| | Other | | | 179,589. | | ,882. | | , | 707. |
| | Add lines 1a through 1e. (Column (d) must e | | (column (R) line 1 | , | | | | | 069. |
| | | geen onn ooo, r art / | | | | Schedule | D (Forr | | |

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| 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) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | or-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) Fotal. (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. | |
| | Description | , | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | e <u>15.)</u> | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | |
| . (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) PAYCHECK PROTECTION PROGRAM | | | 196,312 |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line | e 25) | ▶ | 196,312 |

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

Schedule D (Form 990) 2019

932053 10-02-19

| Schedule D (Form 990) 2019 MARTHA'S KITCHEN | 91-209 | 1094 Page 4 |
|--|------------|-----------------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per | r 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 | 4,113,792. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments 2a 133, 7 | 788. | |
| 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 | 133,788. |
| 3 Subtract line 2e from line 1 | | 3,980,004. |
| 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 | 329. | |
| b Other (Describe in Part XIII.) 4b | | |
| c Add lines 4a and 4b | 4c | 36,329. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | 5 | 4,016,333. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p | er Return. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 Total expenses and losses per audited financial statements | 1 | 3,455,382. |
| 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 | | 3,455,382. |
| 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 | 329. | |
| a Investment expenses not included on Form 990, Part VIII, line 7b4a36, 36b Other (Describe in Part XIII.)4b | 329. | |
| | | 36,329. |
| b Other (Describe in Part XIII.) | 4c | 36,329. 3,491,711. |

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 V, LINE 4:

MARTHA'S KITCHEN'S BOARD OF DIRECTORS PASSED A BOARD RESOLUTION DURING

2005 CREATING A BOARD DESIGNATED ENDOWMENT FUND FOR LONG-TERM SUPPORT OF

ITS OPERATIONS. UP TO 5% OF THE ENDOWMENT FUND AS OF THE END OF THE PRIOR

FISCAL YEAR IS AUTHORIZED FOR AN ANNUAL WITHDRAWAL TO SUPPORT OPERATIONS,

INCLUDING INVESTMENT MANAGEMENT FEES WITH RESPECT TO THE ENDOWMENT FUND,

ON AN AS-NEEDED BASIS DURING A FISCAL YEAR.

PART X, LINE 2:

THE ORGANIZATION 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

932054 10-02-19

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

EVALUATED THE ORGANIZATION'S OPERATIONS AND CONCLUDED THE FINANCIAL

STATEMENTS DO NOT INCLUDE ANY UNCERTAIN TAX POSITIONS. ACCORDINGLY, NO

PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING STATEMENTS.

Schedule D (Form 990) 2019

932055 10-02-19

11190119 701245 124122

29 2019.05030 MARTHA'S KITCHEN

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | raisi | ing or Gaming A | ctiv | vities | OMB No. 1545-0047 |
|--|---------------------|--|------------------------------|-------------------|------------------------|--------|--------------------------------|-------------------------------------|
| (Form 990 or 990-EZ) | | e organization answered "Yes" on organization entered more than \$1 | | | | or 19, | or if the | 2019 |
| | | Attach to Form 990 | • | | - | | | Open to Public |
| Department of the Treasury Internal Revenue Service | ► Go | to www.irs.gov/Form990 for instr | | | | on. | | Inspection |
| Name of the organization | n MARTHA'S KI | TUCHEN | | | | | Employer ide 91-209109 | ntification number |
| | ing Activities. | Complete if the organization answe | ered "Y | es" or | n Form 990, Part IV, I | ine 1 | | |
| · · · · · · · · · · · · · · · · · · · | complete this part | | a aatiu | ition | Chaoli all that apply | | | |
| a Mail solicitat | • | ed funds through any of the followin e Solicita | • | | overnment grants | | | |
| b Internet and | email solicitations | | | | nment grants | | | |
| c 🔄 Phone solici | | g 📃 Special | fundra | ising | events | | | |
| d In-person so | | r oral agreement with any individual | (includ | ling of | ficara directora truc | + | or | |
| • | | art VII) or entity in connection with p | • | • | | iees, | Yes | No |
| | | viduals or entities (fundraisers) pursu | | | • | he fu | ndraiser is to be | 9 |
| compensated at le | ast \$5,000 by the | organization. | _ | | | | | |
| (i) Name and addres | s of individual | | (iii) fundr | Did | (iv) Gross receipts | (v) | Amount paid or retained by) | (vi) Amount paid |
| or entity (fund | | (ii) Activity | have c or con contribu | ustody trol of | from activity | | fundraiser sted in col. (i) | to (or retained by) organization |
| | | | Yes | No | | | | |
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| Total 3 List all states in whi | ich the organizatio | n is registered or licensed to solicit o | contrib | | or has been notified | it is | exempt from re | distration |
| or licensing. | | | | | | | | giotation |
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| LHA For Paperwork R | eauction Act Noti | ce, see the Instructions for Form 9 | 990 or | 990-E | : Z . § | sche | aule G (Form 9 | 90 or 990-EZ) 2019 |

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 MARTHA'S KITCHEN

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 NONE | (d) Total events (add col. (a) through |
|-----------------|------|--|------------------------|--|--------------------------|---|
| | | | (event type) | (event type) | (total number) | – col. (c)) |
| Revenue | 1 | Gross receipts | 149,504. | | | 149,504. |
| | 2 | Less: Contributions | 97,666. | | | 97,666. |
| | 3 | Gross income (line 1 minus line 2) | 51,838. | | | 51,838. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| penses | 6 | Rent/facility costs | 15,839. | | | 15,839. |
| Direct Expenses | 7 | Food and beverages | 15,222. | | | 15,222. |
| -1 | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | 20,777. |
| | 10 | Direct expense summary. Add lines 4 through | | | ► | 51,838. |
| | 11 | Net income summary. Subtract line 10 from li | | | | 0. |
| Pai | rt I | | answered "Yes" on Form | 990, Part IV, line 19, or r | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | 1 | | | |
| nue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c) |
| Revenue | | Gross royonuo | | | | |

| Ē | | | | biligo/progressive biligo | | |
|-----------------|-----|---|-------------------------|---------------------------|---------------------|--------|
| Reven | 1 | Gross revenue | | | | |
| (0 | 2 | Cash prizes | | | | |
| penses | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| Ō | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | └── Yes % └── No | └── Yes % └── No | └── Yes % └── No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| 9 | Ent | ter the state(s) in which the organization condu | cts gaming activities: | | | |
| | | he organization licensed to conduct gaming ac No," explain: | | | | Yes No |
| | | | | | | |
| | | re any of the organization's gaming licenses re Yes," explain: | | | /ear? | Yes No |
| | | | | | | |

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

| Sch | edule G (Form 990 or 990-EZ) 2019 MARTHA'S KITCHEN | 91 - 2091094 | Page 3 |
|------|--|-----------------------|---------------|
| 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 No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | The organization's facility | 13a | % |
| | An outside facility | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | ····· | /0 |
| 14 | | | |
| | Name | | |
| | | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | No No |
| b | If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amour | nt | |
| | of gaming revenue retained by the third party \blacktriangleright \$ | | |
| 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 | | |
| 47 | Mandatan (distributions) | | |
| | Mandatory distributions: I Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| 6 | ristein the state gaming license? | Ves | |
| h | retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t | | |
| L | organization's own exempt activities during the tax year > \$ | ne | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar | nd Part III, lines 9, | 9b, 10b, |
| _ | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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| 9320 | 83 09-11-19 Schedule G | (Form 990 or 99 | 0-EZ) 2019 |

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Schedule G (Form 990 or 990-EZ)

932084 04-01-19

| SCHEDULE I (Form 990) | | | arants and Oth vernments, ar | | | | | OMB No. 1545-0047 |
|---|--|----------------------|------------------------------------|-----------------------------|---|---|---------------------------------------|--|
| | | | ete if the organizatio | | | | | 2019 |
| Department of the Treasury | | Comp | | Attach to For | | | | Open to Public |
| Internal Revenue Service | | | Go to www.ir | s.gov/Form990 fo | | nation. | | Inspection |
| Name of the organization | MARTHA'S KITCH | IEN | | | | | | Employer identification number 91-2091094 |
| Part I General Inform | mation on Grants ar | nd Assistance | | | | | | |
| 1 Does the organizatio | on maintain records t | o substantiate the | amount of the grants | or assistance, the | grantees' eligibility | y for the grants or assi | stance, and the selection | on |
| criteria used to awar | d the grants or assis | tance? | | | | | | X Yes No |
| 2 Describe in Part IV th | ne organization's pro | cedures for monit | oring the use of grant | funds in the United | l States. | | | |
| Part II Grants and Of | ther Assistance to I | Domestic Organiz | zations and Domestic | Governments. | Complete if the org | anization answered "א | /es" on Form 990, Part | IV, line 21, for any |
| recipient that r | received more than \$ | 5,000. Part II can | be duplicated if additi | onal space is need | ed. | | - | |
| 1 (a) Name and addres or govern | , and a second s | (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 |
| COMMUNITY BASED PART | INER | | | | | | | |
| DISTRIBUTION AGENCIE | ES - ADDITIONAL | | | | | | | |
| INFORMATION AVAILABI | LE UPON REQUEST | | | | | | READY-TO-SERVE | |
| - VARIOUS CITIES, CA | A 99999 | | 501(C)(3) | 0. | 1,496,094. | COST | MEALS | FEED THE HUNGRY |
| COMMUNITY BASED PART | INER | | | | | | | |
| DISTRIBUTION AGENCIE | ES - ADDITIONAL | | | | | | | |
| INFORMATION AVAILABI | LE UPON REQUEST | | | | | | | |
| - VARIOUS CITIES, CA | A 99999 | | 501(C)(3) | 0. | 223,000. | COST | FOOD PRODUCTS | FEED THE HUNGRY |
| | | | | | | | | |
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| | | • | ganizations listed in the | e line 1 table | | | | 75. |
| 3 Enter total number o | t other organizations | s listed in the line | 1 table | | | | | ······ |

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

Page 2

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 |
| MEALS PROVIDED FOR THOSE IN NEED | 27344 | 0. | 74,111. | COST OF FOOD | NEED |
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Schedule I (Form 990) (2019)

THE ORGANIZATION DISTRIBUTE MEALS TO OTHER 501(C)(3) CHARITABLE

ORGANIZATIONS FOR THEIR PROGRAMS. THE ORGANIZATION DOES NOT MONITOR THE USE

OF THE GRANTS OR ASSISTANCE BY OTHER CHARITABLE ORGANIZATIONS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| 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 instructions and the latest information.

2019 **Open to Public** . Inspection

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

MARTHA'S KITCHEN

| Employer identification number |
|--------------------------------|
| 91-2091094 |

| Par | t 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 de noncash contribu | etermin | • | 3 |
| 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 - | | | | | | | |
| 10 | 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 | 900,000 | 1,598,777. | FMV - \$1.6-1.7/I | ιB | | |
| 20 | Drugs and medical supplies | | , | , , | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other () | | | | | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | zation during | , the tax year for c | ontributions | | | | |
| | for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 | | | | | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must hold for at least three years from the date | | | | | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | policy that re | quires the review o | of any nonstandard contribut | ions? | 31 | Х | |
| 32a | Does the organization hire or use third parties | or related or | ganizations to solid | cit, process, or sell noncash | | | | |
| | contributions? | | | | | | | х |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | a type of property | / for which column (a) is cheo | cked, | | | |
| | describe in Part II. | | | | | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 20 | | | | | | | 2019 |

11190119 701245 124122

| Schedule M (Form 990) 2019 MARTHA'S KITCHEN | 91-2091094 | Page 2 |
|---|-----------------------------|----------------------|
| Part II Supplemental Information. Provide the information required by Part I. lines 30b, 32b, and 3 | 3, and whether the organiz | ation |
| is reporting in Part I, column (b), the number of contributions, the number of items received, or a cor | mbination of both. Also con | nplete |
| this part for any additional information. | | |
| | | |
| SCHEDULE M, PART I, COLUMN (B): | | |
| | | |
| THIS NUMBER REPRESENTS ESTIMATED POUNDS OF FOOD DONATED. | | |
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| 932142 09-27-19 | Schedule M (For | n 990) 20 1 9 |
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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 g Open to Public Inspection

Employer identification number 91-2091094

MARTHA'S KITCHEN

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 B, LINE 11B:

A DRAFT COPY OF THE FORM 990 TO BE FILED IS PROVIDED TO THE BOARD 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 B, LINE 15A:

ED PAY IS DETERMINED BY TAKING CALIFORNIA FAIR PAY FOR NONPROFITS REPORT TO

USE AS A GUIDE. AND THEN THE EXECUTIVE COMMITTEE REVIEWS THE CEO

PERFORMANCE ANNUALLY AND DECIDES THE PAY. THE DECISION IS CONTEMPORANEOUSLY

DOCUMENTED.

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

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

QUESTION.

FORM 990, PART XII, LINE 2C

NO CHANGES IN AUDIT COMMITTEE PROCEDURES.

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Schedule O (Form 990 or 990-EZ) (2019)

38 2019.05030 MARTHA'S KITCHEN