

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

OMB No. 1545-0047

**2022**  
**Open to Public Inspection**

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2022 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>MARTHA'S VILLAGE AND KITCHEN, INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>83-791 DATE AVENUE</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>INDIO CA 92201</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>33-0777892</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>760-347-4741</b></p> <b>G</b> Gross receipts\$ <b>8,053,926</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>SAM HOLLENBECK</b> <b>83-791 DATE AVE.</b> <b>INDIO CA 92201</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number
<b>J</b> Website: <b>MARTHASVILLAGE.ORG</b>		<b>L</b> Year of formation: <b>1997</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>TRANSFORMING THE LIVES OF THE IMPOVERISHED AND HOMELESS.</b></p>																			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>13</b>																		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>13</b>																		
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>152</b>																		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>303</b>																		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>																		
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>																		
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;"><b>10,031,981</b></td> <td style="text-align: right;"><b>7,480,154</b></td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;"><b>2,765</b></td> <td style="text-align: right;"><b>0</b></td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;"><b>22,725</b></td> <td style="text-align: right;"><b>106,306</b></td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;"><b>407,858</b></td> <td style="text-align: right;"><b>267,831</b></td> </tr> <tr> <td><b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;"><b>10,465,329</b></td> <td style="text-align: right;"><b>7,854,291</b></td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>10,031,981</b>	<b>7,480,154</b>	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,765</b>	<b>0</b>	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>22,725</b>	<b>106,306</b>	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>407,858</b>	<b>267,831</b>	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,465,329</b>	<b>7,854,291</b>
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>SAM HOLLENBECK</b></p> Type or print name and title	Date <p style="text-align: center;"><b>PRES. &amp; CEO AT 4/22</b></p>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <p style="text-align: center;"><b>SHANNON C. MAIDMENT</b></p> Firm's name <p style="text-align: center;"><b>COACHELLA VALLEY ACCOUNTING &amp; AUDITING</b></p> Firm's address <p style="text-align: center;"><b>43675 ALBA CT</b> <b>LA QUINTA, CA 92253</b></p>	Preparer's signature Date <p style="text-align: center;"><b>05/31/23</b></p> Check <input type="checkbox"/> if self-employed PTIN <p style="text-align: center;"><b>P01426554</b></p> Firm's EIN Phone no. <p style="text-align: center;"><b>442-325-0089</b></p>

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**TRANSFORMING THE LIVES OF THE IMPOVERISHED AND HOMELESS.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **3,192,859** including grants of \$ ) (Revenue \$ )

**RESIDENT HOUSING- PROVIDED 658 WITH HOMELESS HOUSING SERVICES WITH FULL WRAP AROUND SERVICES. APROXIMATELY 316,982 MEALS WERE PROVIDED TO RESIDENTS AS WELL AS NON-RESIDENTS IN NEED OF NUTRITIONAL MEALS. WHEN THESE MOST BASIC NEEDS ARE MET, INDIVIDUALS AND FAMILIES ARE ABLE TO FOCUS ON LEARNING LIFE SKILLS NECESSARY TO ACCESS AND MAINTAIN PERMANENT HOUSING, OF THE CLIENTS WHO MOVED OUT OF THE EMERGENCY HOUSING PROGRAM, 82% MOVED INTO PERMANENT, SECURE AND SAFE HOUSING. THESE SERVICES ARE PROVIDED TO SINGLE MEN, SINGLE WOMEN, AND FAMILIES.**

**4b** (Code: ) (Expenses \$ **1,312,049** including grants of \$ ) (Revenue \$ )

**CHILDREN'S SERVICES- THE CHILDREN'S SERVICE CENTER WAS AVAILABLE FOR 250 DAYS OF CHILD DEVELOPMENT SCHOOL CARE, PROVIDING ENRICHMENT AND DEVELOPMENT OPPORTUNITIES FOR CHILDREN.**

**4c** (Code: ) (Expenses \$ **1,428,933** including grants of \$ ) (Revenue \$ )

**CASE MANAGEMENT- WE PROVIDE PRODESSIONAL CASE MANAGEMENT, CAREER & EDUCATION AND CHILD DEVELOPMENT SERVICES TO ALL OF OUR RESIDENTS. WE PRODIVDED 2,266 LIFE SKILLS CLASS SESSIONS, 527 COMPUTER CLASS SESSIONS, 554 EMPLOYMENT SERVICES SESSIONS, 580 SESSIONS OF JOB SEEKING SKILLS, AND 307 SESSIONS OF ADULT EDUCATION/GED PREPARATION CLASS.**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ **381,499** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **6,315,340**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>152</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>	<b>X</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>13</b>		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>13</b>		
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>X</b>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>12c</b>		<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>X</b>	
<b>15b</b>		<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

**SAM HOLLENBECK**  
**INDIO**

**83-791 DATE AVE.**

**CA 92201**

**760-347-4741**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the 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) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA BARRACK PRES/CEO RETIRED 4/22	40.00 0.00						X	131,009	0	1,141
(2) SAM HOLLENBECK PRES. & CEO AT 4/22	40.00 0.00	X		X				110,599	0	10,019
(3) CASEY BOSWELL CFO	20.00 0.00	X		X				23,958	0	86
(4) MIKE LEONHEART DIRECTOR OF FINANCE	40.00 0.00	X		X				46,689	0	89
(5) HENRY BURDICK CO-CHAIRMAN	1.00 0.00	X		X				0	0	0
(6) JONATHAN ESPY CO-CHAIRMAN	1.00 0.00	X		X				0	0	0
(7) BRIAN AMIDEI VICE-CHAIRMAN	1.00 0.00	X		X				0	0	0
(8) CHRISTY MAJORS TREASURER	1.00 0.00	X		X				0	0	0
(9) HOWARD LINCOLN SECRETARY	1.00 0.00	X		X				0	0	0
(10) DUANE JACOBS DIRECTOR	1.00 0.00	X						0	0	0
(11) SCOTT SWEENEY DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>JONAS UDCOFF</b>	1.00									
DIRECTOR	0.00	X						0	0	
(13) <b>BLAINE AMIDEI</b>	1.00									
DIRECTOR	0.00	X						0	0	
(14) <b>THOMAS PARK</b>	1.00									
DIRECTOR	0.00	X						0	0	
(15) <b>THOMAS COLEMAN</b>	1.00									
DIRECTOR	0.00	X						0	0	
(16) <b>KATE FAUNTLEROY</b>	1.00									
DIRECTOR	0.00	X						0	0	
(17) <b>MICHAEL BELL</b>	1.00									
DIRECTOR	0.00	X						0	0	
<b>1b Subtotal</b>								<b>312,255</b>	<b>11,335</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>312,255</b>	<b>11,335</b>	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>LINDA BARRACK LA QUINTA CA 92253</b>	<b>3100 PALM ROYALE #1015 CONSULTING</b>	<b>115,106</b>

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	74,627			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,995,591			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,409,936			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 613,115			
	<b>h Total.</b> Add lines 1a-1f		7,480,154			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code			
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		107,332		107,332	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents		(i) Real	(ii) Personal		
		<b>6a</b>	10,608			
		<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Rental inc. or (loss)	<b>6c</b>	10,608			
	<b>d</b> Net rental income or (loss)		10,608	10,608		
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
		<b>7a</b>				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	1,026		
	<b>c</b> Gain or (loss)	<b>7c</b>	-1,026			
	<b>d</b> Net gain or (loss)		-1,026	-1,026		
	<b>8a</b> Gross income from fundraising events (not including \$ 74,627 of contributions reported on line 1c). See Part IV, line 18					
<b>8a</b>		93,423				
<b>b</b> Less: direct expenses		<b>8b</b>	198,609			
<b>c</b> Net income or (loss) from fundraising events		-105,186				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances						
	<b>10a</b>	360,943				
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory		360,943	360,943			
<b>Miscellaneous Revenue</b>	<b>11a</b> MISC REVENUE	Business Code	623990	1,466	1,466	
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		1,466			
<b>12 Total revenue.</b> See instructions		7,854,291	371,991	0	107,332	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>181,146</b>	<b>153,525</b>	<b>12,241</b>	<b>15,380</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>131,009</b>	<b>111,033</b>	<b>8,853</b>	<b>11,123</b>
<b>7</b> Other salaries and wages	<b>3,155,897</b>	<b>2,435,178</b>	<b>338,543</b>	<b>382,176</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>280,615</b>	<b>237,828</b>	<b>18,962</b>	<b>23,825</b>
<b>10</b> Payroll taxes	<b>256,432</b>	<b>217,332</b>	<b>17,328</b>	<b>21,772</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>35,857</b>	<b>20,944</b>	<b>5,851</b>	<b>9,062</b>
<b>c</b> Accounting	<b>25,900</b>	<b>15,128</b>	<b>4,226</b>	<b>6,546</b>
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	<b>45,631</b>			<b>45,631</b>
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>89,418</b>			<b>89,418</b>
<b>13</b> Office expenses	<b>432,417</b>	<b>415,023</b>	<b>14,788</b>	<b>2,606</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>145,139</b>	<b>133,463</b>	<b>11,676</b>	
<b>17</b> Travel	<b>15,741</b>	<b>9,194</b>	<b>2,569</b>	<b>3,978</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>124,717</b>	<b>104,365</b>	<b>20,352</b>	
<b>20</b> Interest	<b>149,048</b>	<b>127,385</b>	<b>19,748</b>	<b>1,915</b>
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>395,235</b>	<b>367,569</b>	<b>23,714</b>	<b>3,952</b>
<b>23</b> Insurance	<b>74,177</b>	<b>64,897</b>	<b>6,027</b>	<b>3,253</b>
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FOOD</b>	<b>728,106</b>	<b>725,418</b>	<b>2,688</b>	
<b>b</b> <b>CONTRACT SERVICES</b>	<b>518,852</b>	<b>349,238</b>	<b>169,614</b>	
<b>c</b> <b>UTILITIES AND TELEPHONE</b>	<b>360,753</b>	<b>341,851</b>	<b>13,443</b>	<b>5,459</b>
<b>d</b> <b>REPAIRS AND MAINTENANCE</b>	<b>189,011</b>	<b>187,399</b>	<b>1,596</b>	<b>16</b>
<b>e</b> All other expenses	<b>530,060</b>	<b>298,570</b>	<b>62,115</b>	<b>169,375</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>7,865,161</b>	<b>6,315,340</b>	<b>754,334</b>	<b>795,487</b>
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>6,162,132</b>	<b>1</b>	<b>6,345,004</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	<b>1,181,450</b>	<b>3</b>	<b>704,214</b>
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>57,621</b>	<b>9</b>	<b>219,803</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>8,441,835</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>1,842,641</b>	<b>6,748,783</b>	<b>10c</b> <b>6,599,194</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	<b>109,778</b>
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	<b>149,128</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		<b>14,149,986</b>	<b>16</b>	<b>14,127,121</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>322,382</b>	<b>17</b>	<b>426,441</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>128,719</b>	<b>19</b>	<b>132,591</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>5,200,986</b>	<b>23</b>	<b>5,122,276</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	<b>17,433</b>	<b>25</b>	<b>120,886</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>5,669,520</b>	<b>26</b>	<b>5,802,194</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>5,543,078</b>	<b>27</b>	<b>5,418,461</b>
	<b>28</b> Net assets with donor restrictions	<b>2,937,388</b>	<b>28</b>	<b>2,906,466</b>
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>8,480,466</b>	<b>32</b>	<b>8,324,927</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>14,149,986</b>	<b>33</b>	<b>14,127,121</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>7,854,291</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>7,865,161</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-10,870</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>8,480,466</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-144,669</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>8,324,927</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<b>X</b>	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**MARTHA'S VILLAGE AND KITCHEN, INC.**

Employer identification number

**33-0777892**

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,277,458	5,440,924	8,256,743	10,031,981	7,480,154	35,487,260
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4,277,458	5,440,924	8,256,743	10,031,981	7,480,154	35,487,260
<b>5</b> 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)						1,709,731
<b>6 Public support.</b> Subtract line 5 from line 4.						33,777,529

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	4,277,458	5,440,924	8,256,743	10,031,981	7,480,154	35,487,260
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,874	7,151	864	26,800	107,332	144,021
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,966	7,350	4,842			31,158
<b>11 Total support.</b> Add lines 7 through 10						35,662,439
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	3,399,351

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	94.71%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	93.64%

**16a 33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> .		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C – Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 .....			
<b>b</b> From 2018 .....			
<b>c</b> From 2019 .....			
<b>d</b> From 2020 .....			
<b>e</b> From 2021 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 .....			
<b>b</b> Excess from 2019 .....			
<b>c</b> Excess from 2020 .....			
<b>d</b> Excess from 2021 .....			
<b>e</b> Excess from 2022 .....			

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

<b>MISCELLANEOUS INCOME</b>	<b>\$ 31,158</b>
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

MARTHA'S VILLAGE AND KITCHEN, INC.

Employer identification number

33-0777892

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 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, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b 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 VIII, line 1, b Assets included in Form 990, Part X.

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

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

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

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		<b>380,434</b>		<b>380,434</b>
<b>b</b> Buildings		<b>6,025,134</b>	<b>424,587</b>	<b>5,600,547</b>
<b>c</b> Leasehold improvements		<b>384,764</b>	<b>274,248</b>	<b>110,516</b>
<b>d</b> Equipment		<b>1,427,106</b>	<b>978,848</b>	<b>448,258</b>
<b>e</b> Other		<b>224,397</b>	<b>164,958</b>	<b>59,439</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>6,599,194</b>

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LEASE LIABILITY</b>	<b>109,778</b>
(3) <b>ACCRUED INTEREST</b>	<b>11,108</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>120,886</b>

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>8,025,013</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>-144,669</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>131,770</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>183,621</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>170,722</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>7,854,291</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>7,854,291</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>8,180,552</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>131,770</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>183,621</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>315,391</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>7,865,161</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>7,865,161</b>

**Part XIII Supplemental Information.**

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

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**SPECIAL EVENTS EXPENSES IN REVENUE** \$ **183,621**

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**SPECIAL EVENTS IN REVENUE** \$ **183,621**





**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

**MARTHA'S VILLAGE AND KITCHEN, INC.**

Employer identification number

**33-0777892**

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HOWARD LINCOLN 1 44819 DEL DIOS CIRCLE INDIAN WELLS CA 92210	FUNDRAISE		X	143,000	45,631	97,369
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				<b>143,000</b>	<b>45,631</b>	<b>97,369</b>

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

**ALL STATES**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>5K EVENT</u> (event type)	<u>OTHER EVENT</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	<b>162,488</b>	<b>5,562</b>		<b>168,050</b>
	<b>2</b> Less: Contributions ..	<b>74,627</b>			<b>74,627</b>
	<b>3</b> Gross income (line 1 minus line 2) .....	<b>87,861</b>	<b>5,562</b>		<b>93,423</b>
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages ..				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses	<b>198,609</b>			<b>198,609</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				<b>198,609</b>
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<b>-105,186</b>	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: .....  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: .....  
 .....

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

**b** If "Yes," explain: .....  
 .....

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

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name .....

Address .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ ..... and the amount of gaming revenue retained by the third party \$ .....
- c If "Yes," enter name and address of the third party:

Name .....

Address .....

16 Gaming manager information:

Name .....

Gaming manager compensation \$ .....

Description of services provided .....

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCH G, PART I, LINE 2B, COL (V) - FUNDRAISING VS. REIMBURSEMENT EXPLANATION**  
**HOWARD LINCOLN**  
**FUNDRAISING FEE**

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**Attach to Form 990.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**MARTHA'S VILLAGE AND KITCHEN, INC.**

Employer identification number

**33-0777892**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LINDA BARRACK 1 PRES/CEO RETIRED4/22	(i)	131,009	0	0	0	1,141	132,150	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,  
28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open To Public  
Inspection

**MARTHA'S VILLAGE AND KITCHEN, INC.**

Employer identification number

**33-0777892**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

**Total** ..... \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) BRIAN AMIDEI	VICE-CHAIRMAN	10,000	EVENT TITLE SPONSOR		X
(2) HOWARD LINCOLN	SECRETARY	45,631	FUNDRAISING		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE L, PART V - ADDITIONAL INFORMATION****BOARD MEMBER - 5K TITLE SPONSOR**

IN 2018, THE BOARD OF DIRECTORS MADE A RESOLUTION TO NAME THE ANNUAL 5K EVENT THE "FORTEM FINANCIAL THANKSGIVING DAY 5K BENEFITING MARTHA'S VILLAGE AND KITCHEN" FOR FIVE YEARS COMMENCING IN 2018, IN HONOR OF ONE OF THE LONG-TERM BOARD MEMBERS. FORTEM FINANCIAL IS A COMPANY OWNED BY THIS BOARD MEMBER. THE BOARD OF DIRECTORS MADE THIS DECISION AS A SYMBOL OF APPRECIATION FOR ALL THE EFFORTS THE BOARD MEMBER HAS DONE TO HELP THE ORGANIZATION GROW AND PROSPER OVER THE YEARS. FORTEM FINANCIAL IS ALSO THE BROKER FOR ONE OF THE ORGANIZATION'S INVESTMENT ACCOUNTS.

**BOARD MEMBER - DONOR DEVELOPMENT CONSULTANT**

THE ORGANIZATION CONTRACTED WITH A BOARD MEMBER TO RECEIVE DONOR DEVELOPMENT SERVICES. PAYMENTS TOTALED \$45,631 AND \$49,416 DURING THE YEAR ENDED DECEMBER 31, 2022 AND 2021, RESPECTIVELY. ADDITIONALLY, THIS BOARD MEMBER'S SPOUSE WAS ALSO CONTRACTED AS A CONSULTANT DURING 2022 WITH PAYMENTS THAT TOTALED \$42,240.

**TRAINING CONSULTANT**

THE ORGANIZATION CONTRACTED WITH SUCCESS FOR NON-PROFITS, LLC TO PROVIDE

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

**TRAINING AND DEVELOPMENT SERVICES. SUCCESS FOR NON-PROFITS, LLC IS OWNED BY THE DAUGHTER OF THE PRESIDENT/CEO (NOW FORMER PRESIDENT/CEO). PAYMENTS TO SUCCESS FOR NON-PROFITS, LLC TOTALED \$53,196 AND \$27,025 FOR THE YEAR ENDED DECEMBER 31, 2022 AND 2021, RESPECTIVELY.**

**BOARD MEMBER - MARKETING, WEBSITE, AND SOCIAL MEDIA SERVICES THE ORGANIZATION CONTRACTED WITH CORD MEDIA COMPANY, TO PROVIDE MARKETING, WEBSITE AND SOCIAL MEDIA SERVICES. CORD MEDIA COMPANY IS OWNED BY A BOARD MEMBER. PAYMENTS TO CORD MEDIA COMPANY TOTALED \$12,850 AND \$12,900 FOR THE YEAR ENDED DECEMBER 31, 2022 AND 2021, RESPECTIVELY.**

**CONSULTANT**

**THE ORGANIZATION CONTRACTED WITH A BOARD MEMBER TO PROVIDE VARIOUS CONSULTING SERVICES FOR THE ORGANIZATION FOR A TOTAL OF \$15,402 IN PAYMENTS DURING THE YEAR ENDED DECEMBER 31, 2022.**

**FORMER PRESIDENT/CEO - CONSULTANT**

**DURING APRIL 2022, THE PRESIDENT/CEO OF THE ORGANIZATION RETIRED FROM THEIR POSITION. HOWEVER, THE BOARD OF DIRECTORS AGREED TO CONTRACT WITH THE FORMER PRESIDENT/CEO FOR VARIOUS PROJECTS AND ASSISTANCE. TOTAL PAYMENTS**

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

**UNDER THIS AGREEMENT WERE APPROXIMATELY \$115,000 FOR THE YEAR ENDED  
 DECEMBER 31, 2022.**

**BRIAN AMIDEI AND BLAINE AMIDEI ARE FATHER AND DAUGHTER; BRIAN AMIDEI OWNS  
 FORTEM FINANCIAL, HANDLES OUR INVESTMENTS; JONAS UDCOFF OWNS CORD MEDIA,  
 OUR ADVERTISING VENDOR; HOWARD LINCOLN PERFORMED FUNDRAISING SERVICES.**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

**MARTHA'S VILLAGE AND KITCHEN, INC.**

**33-0777892**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	<b>X</b>		<b>393,700</b>	<b>THRIFT STORE VALUE</b>
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	<b>X</b>	<b>2</b>	<b>340,893</b>	<b>FMV</b>
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>MEDIA COVERAGE</b> )	<b>X</b>	<b>1</b>	<b>105,850</b>	<b>DONOR ESTIMATED</b>
26 Other ( <b>GIFT CARDS/GRDN</b> )	<b>X</b>	<b>2</b>	<b>11,550</b>	<b>FMV</b>
27 Other ( <b>WEBSITE/PHOTOS</b> )	<b>X</b>	<b>1</b>	<b>8,630</b>	<b>FMV</b>
28 Other ( <b>VARIOUS ITEMS</b> )	<b>X</b>	<b>2</b>	<b>81,192</b>	<b>FMV</b>

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022



**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization

**MARTHA'S VILLAGE AND KITCHEN, INC.**

Employer identification number

**33-0777892****FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS****RETAIL EXPENSES \$710,423 -**

**THE ORGANIZATION OPERATES A RETAIL THRIFT STORE AS A COMPONENT OF FUNDRAISING. PROCEEDS FROM SALES OF DONATED USED FURNITURE, CLOTHING, AND OTHER ITEMS ARE USED TO SUPPORT THE ORGANIZATION'S HOMELESS HOUSING, FOOD AND CHARITY PROGRAMS.**

**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS BY LAWS CHANGED TO ALLOW PAYMENTS TO ADDITIONAL PARTIES OF INTEREST.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT OF THE FULL FORM IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEES AND ANY CHANGES ARE MADE AS NECESSARY. THE UPDATES PUBLIC DISCLOSURE COPY OF THE FORM 990 IS CIRCULATED TO ALL BOARD MEMBERS PRIOR TO THE FINAL SUBMISSION.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THROUGHOUT THE YEAR ANY MEMEBER WHO HAS A POTENTIAL FOR ANY TANGENTIAL CONFLICTS IS EXCLUDED FROM VOTES THAT ARE RELATED TO THE CONFLICT. IN SOME SITUATIONS THEY ARE ALSO ASKED TO LEAVE THE ROOM DURING DISCUSSION AND MAY BE EXCLUDED FROM DISTRIBUTED COMMUNUCATION. ADDITIONALLY, WHILE IT IS JUST A SMALL PART OF ANY POTENTIAL CONFLICT, BOARD ROSTERS THAT ARE DISTRIBUTED TO THE BOARD AND KEY STAFF INCLUDE THE WORK AFFILIATION OF THE MEMBER TO IDENTIFY ANY INSTANCES WHERE THE POTENTIAL FOR CONFLICT MAY BE PRESENT.**

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

Schedule O (Form 990) 2022

Name of the organization

MARTHA'S VILLAGE AND KITCHEN, INC.

Employer identification number

33-0777892

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ORGANIZATION HAS AN ANNUAL REVIEW PROCESS FOR EACH INDIVIDUAL. THE CEO/PRESIDENT COLLECTS INFORMATION TO DETERMINE THE SALARY RANGES OF COMPARABLE POSITIONS WITH NON PROFITS IN RIVERSIDE COUNTY AND PROVIDES THAT RESEARCH WHEN SALARY DELIBERATIONS ARE MADE. BOARD MEMBERS ON THE COMPENSATION COMMITTEE REVIEW AND MAKE RECOMMENDATIONS REGARDING THE COMPENSATION OF LEADERSHIP.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ORGANIZATION HAS AN ANNUAL REVIEW PROCESS FOR EACH INDIVIDUAL. THE HUMAN RESOURCE DEPARTMENT COLLECTS INFORMATION TO DETERMINE THE SALARY RANGES OF COMPARABLE POSITIONS AND PROVIDES THAT RESEARCH WHEN SALARY DELIBERATIONS ARE MADE. BOARD MEMBERS ON THE COMPENSATION COMMITTEE WORK WITH THE DIRECTOR OF HUMAN RESOURCES TO REVIEW AND MAKE RECOMMENDATIONS REGARDING THE COMPENSATION OF LEADERSHIP.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION'S GOVERNING DOCS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

SPECIAL EVENTS EXPENSES IN REVENUE	\$	183,621
SPECIAL EVENTS IN REVENUE	\$	-183,621

Form **990/  
990-PF****Electronic Filing - PDF Attachment Report****2022**

For calendar year 2022, or tax year beginning , and ending

Name

Taxpayer Identification Number

**MARTHA'S VILLAGE AND KITCHEN, INC.****33-0777892**

Title	Attachment Source	Proforma
<b>MANUALLY ATTACHED TO RETURN MADE CHANGES TO ORGANIZING DOCUMENTS, ETC.</b>	<b>V:\TEMP\MVKRESTATEDBYLAWSRGA.PDF</b>	<b>NO</b>
<b>MADE CHANGES TO ORGANIZING DOCS</b>	<b>V:\TEMP\MVKRESTATEDBYLAWSRGA.PDF</b>	<b>NO</b>



Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2021 &amp; 2022</b>
For calendar year 2022, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**MARTHA'S VILLAGE AND KITCHEN, INC.****33-0777892**

		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	6,511,738	4,484,563	-2,027,175
	2. Membership dues and assessments			
	3. Government contributions and grants	3,520,243	2,995,591	-524,652
	4. Program service revenue	2,765		-2,765
	5. Investment income	26,800	107,332	80,532
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-4,075	-1,026	3,049
	8. Net income or (loss) from fundraising events	-690	-105,186	-104,496
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	392,383	360,943	-31,440
	11. Other revenue	16,165	12,074	-4,091
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>10,465,329</b>	<b>7,854,291</b>	<b>-2,611,038</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	313,487	181,146	-132,341
	16. Salaries, other compensation, and employee benefits	3,559,555	3,823,953	264,398
	17. Professional fundraising fees	30,509	45,631	15,122
	18. Other professional fees	61,190	61,757	567
	19. Occupancy, rent, utilities, and maintenance	118,437	145,139	26,702
	20. Depreciation and Depletion	358,093	395,235	37,142
	21. Other expenses	2,630,329	3,212,300	581,971
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>7,071,600</b>	<b>7,865,161</b>	<b>793,561</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>3,393,729</b>	<b>-10,870</b>	<b>-3,404,599</b>
<b>Other Information</b>	<b>24. Total exempt revenue</b>	<b>10,465,329</b>	<b>7,854,291</b>	<b>-2,611,038</b>
	25. Total unrelated revenue			
	26. Total excludable revenue	434,038	479,323	45,285
	27. Total assets	14,149,986	14,127,121	-22,865
	28. Total liabilities	5,669,520	5,802,194	132,674
	29. Retained earnings	8,480,466	8,324,927	-155,539
	30. Number of voting members of governing body	12	13	
31. Number of independent voting members of governing body	12	13		
32. Number of employees	143	152		
33. Number of volunteers	246	303		

Form <b>990</b>	<b>Tax Return History</b>	<b>2022</b>
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Name <b>MARTHA'S VILLAGE AND KITCHEN, INC.</b>	Employer Identification Number <b>33-0777892</b>
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants .....				10,031,981	7,480,154	
Membership dues .....						
Program service revenue .....				2,765		
Capital gain or loss .....				-4,075	-1,026	
Investment income .....				26,800	107,332	
Fundraising revenue (income/loss) .....				-690	-105,186	
Gaming revenue (income/loss) .....						
Other revenue .....				408,548	373,017	
<b>Total revenue</b> .....				<b>10,465,329</b>	<b>7,854,291</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....				313,487	181,146	
Other compensation .....				3,559,555	3,823,953	
Professional fees .....				91,699	107,388	
Occupancy costs .....				118,437	145,139	
Depreciation and depletion .....				358,093	395,235	
Other expenses .....				2,630,329	3,212,300	
<b>Total expenses</b> .....				<b>7,071,600</b>	<b>7,865,161</b>	
<b>Excess or (Deficit)</b> .....				<b>3,393,729</b>	<b>-10,870</b>	
<b>Total exempt revenue</b> .....				<b>10,465,329</b>	<b>7,854,291</b>	
Total unrelated revenue .....						
Total excludable revenue .....				434,038	479,323	
Total Assets .....				14,149,986	14,127,121	
Total Liabilities .....				5,669,520	5,802,194	
Net Fund Balances .....				8,480,466	8,324,927	

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
TAXABLE INTEREST	\$ 107,332					
TOTAL	<u>\$ 107,332</u>					

## Federal Statements

### Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
EQUIPMENT/MINOR PURCHASES	\$ 168,873	\$ 159,125	\$ 2,181	\$ 7,567
DONATION SERV/USE OF FAC	131,770			131,770
OTHER INCENTIVE EXPENSES	113,228	66,267	18,511	28,450
CREDIT CARDS/MERCHANT EXP	65,055	37,998	25,616	1,441
MISC EXPENSES	45,664	34,774	10,890	
POSTAGE	5,470	406	4,917	147
TOTAL	<u>\$ 530,060</u>	<u>\$ 298,570</u>	<u>\$ 62,115</u>	<u>\$ 169,375</u>

## Federal Statements

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
OTHER CONTRIBUTIONS	\$ 334,022
OTHER CONTRIBUTIONS	76,131
OTHER CONTRIBUTIONS	317,119
ENDOWMENT	2,000
IEHP - RECUPERATIVE	
CASH CONTRIBUTION	913,619
JOAN E HAMILTON	
CASH CONTRIBUTION	305,670
SVDP MANAGEMENT, INC.	
CASH CONTRIBUTION	208,209
KAISER FOUNDATION - RECOUP	
CASH CONTRIBUTION	150,000
PIERRE MENARD LIVING TRUST	
CASH CONTRIBUTION	150,000
HOUSTON FAMILY FOUNDATION	
CASH CONTRIBUTION	100,000
PETER HENRY BAKER	
CASH CONTRIBUTION	100,000
HENRY BURDICK	
CASH CONTRIBUTION	90,000
RUNSIGNUP	
CASH CONTRIBUTION	82,172
HEDCO	
CASH CONTRIBUTION	67,943
INLAND EMPIRE COMMUNITY FOUNDATION	
CASH CONTRIBUTION	55,680
AMERICAN EXPRESS	
CASH CONTRIBUTION	50,000
THE DJM & CMJR CHARITABLE FOUNDATION	
CASH CONTRIBUTION	50,000
NAN & REED HARMAN	
CASH CONTRIBUTION	50,000
DUNLAP FOUNDATION	
CASH CONTRIBUTION	50,000
HOEHN FAMILY CHARITABLE TRUST	
CASH CONTRIBUTION	40,000
MR. JONATHAN ESPY	
CASH CONTRIBUTION	36,800

**Federal Statements**

**Schedule A, Part II, Line 1(e) (continued)**

<u>Description</u>	<u>Amount</u>
WALMART/SAM'S CLUB	\$
CASH CONTRIBUTION	32,500
STEPHEN MIRAGLIA	
CASH CONTRIBUTION	30,000
JOHN V. & CAROLYN A. SAEMAN	
CASH CONTRIBUTION	30,000
PATRICK MCCARTHY FOOD PANTRY SPONSOR	
CASH CONTRIBUTION	25,000
RYAN TINN	
CASH CONTRIBUTION	25,000
JACKIE AUTRY	
CASH CONTRIBUTION	25,000
JOHN AND DOROTHY SHEA	
CASH CONTRIBUTION	25,000
ANDERSON FOUNDATION	
CASH CONTRIBUTION	24,800
ANITA & ANTON GARNIER FAMILY TRUST	
CASH CONTRIBUTION	24,500
ANONYMOUS	
CASH CONTRIBUTION	23,573
SUSAN GREEN POWELL	
CASH CONTRIBUTION	21,000
BERGER FOUNDATION	
CASH CONTRIBUTION	20,000
THE MILIAS FOUNDATION	
CASH CONTRIBUTION	20,000
THE ROSSKAM FAMILY GIVING FUND	
CASH CONTRIBUTION	20,000
MUNSON CHARITABLE FUND	
CASH CONTRIBUTION	20,000
EDWARD JONES	
CASH CONTRIBUTION	20,000
DANIEL LEVINE FAMILY FOUNDATION	
CASH CONTRIBUTION	20,000
BIGHORN GOLF CLUB CHARITIES	
CASH CONTRIBUTION	20,000
FIDELITY INVESTMENTS	
CASH CONTRIBUTION	19,450

**Schedule A, Part II, Line 1(e) (continued)**

<u>Description</u>	<u>Amount</u>
PERRINE CRAMPTON	\$
CASH CONTRIBUTION	19,000
CARS	
CASH CONTRIBUTION	15,539
EVANS FAMILY FOUNDATION	
CASH CONTRIBUTION	15,000
GIL & SHARI ROYBAL	
CASH CONTRIBUTION	15,000
BRIAN & BLAINE AMIDEI / FORTEM FINAN	
CASH CONTRIBUTION	14,410
MARION PARK FOUNDATION GRANT	
CASH CONTRIBUTION	13,000
LORRAINE DAY, MD	
CASH CONTRIBUTION	12,500
GARY & SANDRA SCHNITZER	
CASH CONTRIBUTION	12,500
SHRYNE GROUP INC/STRATEGIC GREEN PAR	
CASH CONTRIBUTION	12,000
TOYOTA OF THE DESERT	
CASH CONTRIBUTION	11,000
EVERI PAYMENTS	
CASH CONTRIBUTION	10,907
MARTIN & ANN GOLDSTEIN FAMILY FOUNDA	
CASH CONTRIBUTION	10,500
PACIFIC PREMIER BANK	
CASH CONTRIBUTION	10,000
ROOST LOUNGE	
CASH CONTRIBUTION	10,000
THE KILROY FAMILY FUND	
CASH CONTRIBUTION	10,000
TWENTY-NINE PALMS BAND	
CASH CONTRIBUTION	10,000
NATIONAL CHRISTIAN FOUNDATION CALIFO	
CASH CONTRIBUTION	10,000
JP MORGAN CHARITABLE GIVING FUND	
CASH CONTRIBUTION	10,000
JOHN W. FLYNN	
CASH CONTRIBUTION	10,000

**Schedule A, Part II, Line 1(e) (continued)**

<u>Description</u>	<u>Amount</u>
FRANK HOLLAND	\$
CASH CONTRIBUTION	10,000
ESTATE OF MARY PATRICIA SCHNELLER	
CASH CONTRIBUTION	10,000
ALFRED & ANN VAN DOMELEN	
CASH CONTRIBUTION	10,000
EDITH M. MARTIN	
CASH CONTRIBUTION	10,000
EDELTRAUD MCCARTHY FOUNDATION	
CASH CONTRIBUTION	10,000
BENNION & DEVILLE CHARTIBLE FOUNDATI	
CASH CONTRIBUTION	10,000
CULLEN FAMILY FOUNDATION	
CASH CONTRIBUTION	10,000
DENNIS FAMILY CHARITABLE FUND	
CASH CONTRIBUTION	10,000
CHANDI GROUP USA	
CASH CONTRIBUTION	10,000
KATE FAUNTLEROY	
CASH CONTRIBUTION	9,752
LYNDALE MANOR	
CASH CONTRIBUTION	9,000
LINDA L. PIKE	
CASH CONTRIBUTION	7,500
HIGHLAND STREET FOUNDATION	
CASH CONTRIBUTION	7,500
KSC & SON CORPORATION	
CASH CONTRIBUTION	7,492
THE UNITED WAY	
CASH CONTRIBUTION	7,417
IRONSMITH, INC.	
CASH CONTRIBUTION	7,000
LORI LOMBARDO	
CASH CONTRIBUTION	6,200
EVENTBRITE	
CASH CONTRIBUTION	6,080
ALTHEA AND BOB HOWE	
CASH CONTRIBUTION	6,000



**Federal Statements**

**Schedule A, Part II, Line 1(e) (continued)**

<u>Description</u>	<u>Amount</u>
CATHERYN EMILY HOEHN CASH CONTRIBUTION	\$ 6,000
JACK ALOTTO CASH CONTRIBUTION	5,500
DEE WAMBAUGH CASH CONTRIBUTION	5,050
TODD BARAJAS LEGACY FUND (MATCHING G CASH CONTRIBUTION	5,000
THE PAISLEY FOUNDATION CASH CONTRIBUTION	5,000
THE JOHN & KATHLEEN SCHREIBER FOUNDA CASH CONTRIBUTION	5,000
RICHARD STELK CASH CONTRIBUTION	5,000
UNITED WAY OF KING COUNTRY CASH CONTRIBUTION	5,000
STEPHANIE R. WERNIG CASH CONTRIBUTION	5,000
RONALD KOENEKE CASH CONTRIBUTION	5,000
WAYNE BELCHER CASH CONTRIBUTION	5,000
KIM S. BRACE IRA CASH CONTRIBUTION	5,000
NANCY & BRAD ROSENBERG CASH CONTRIBUTION	5,000
PAUL & CAROL HILL FOUNDATION CASH CONTRIBUTION	5,000
LIFETECH RESOURCES LLC CASH CONTRIBUTION	5,000
MICHAEL G. BEEMER CASH CONTRIBUTION	5,000
FRED AND PATTY HOPP FOUNDATION CASH CONTRIBUTION	5,000
JUDITH R. HUMPHREYS CASH CONTRIBUTION	5,000
JEWISH COMMUNITY FEDERATION CASH CONTRIBUTION	5,000

**Federal Statements**

**Schedule A, Part II, Line 1(e) (continued)**

<u>Description</u>	<u>Amount</u>
ER FUNERAL PRE PLANNING SERVICES	\$
CASH CONTRIBUTION	5,000
CUSHMAN FAMILY FOUNDATION LTD	
CASH CONTRIBUTION	5,000
CYNTHIA SHARON HUTCHINSON	
CASH CONTRIBUTION	5,000
BMO CHARITABLE FUND PROGRAM	
CASH CONTRIBUTION	5,000
DAVID FELTMAN	
CASH CONTRIBUTION	5,000
ELIZABETH GEISEN	
CASH CONTRIBUTION	5,000
AMERIPRISE	
CASH CONTRIBUTION	5,000
COACHELLA VALLEY WELLNESS FOUNDATION	
CASH CONTRIBUTION	5,000
AGUA CALIENTE BAND OF CAHUILLA INDIA	
CASH CONTRIBUTION	5,000
THRIFT STORE DONATIONS	
FOOD DONATIONS	
SUPPLIES	
DESERT HEALTHCARE	
CASH CONTRIBUTION	75,502
STATE OF CALIFORNIA	
CASH CONTRIBUTION	49,385
CACFP	
CASH CONTRIBUTION	218,660
CITY OF INDIAN WELLS	
CASH CONTRIBUTION	60,000
CITY OF INDIO	
CASH CONTRIBUTION	44,167
CITY OF LA QUINTA	
CASH CONTRIBUTION	100,000
CITY OF PALM SPRINGS	
CASH CONTRIBUTION	225,267
VARIOUS RIVERSIDE COUNTY AGENCIES	
CASH CONTRIBUTION	2,222,610
KESQ	

**Federal Statements****Schedule A, Part II, Line 1(e) (continued)**

<u>Description</u>	<u>Amount</u>
PROMO COVERAGE OF \$5K	\$ 105,850
BOMBAS SOCKS	
BOMBAS SOCKS	65,000
GIFT CARD BANK	
GIFT CARDS	9,200
GIFT CARDS	2,350
CORD MEDIA LLC	
MEDIA WEBSITE/PHOTOS/SOCIAL MEDI	8,630
TOYOTA OF THE DESERT	
WATERS	6,871
5K EVENT	
CASH CONTRIBUTION	69,566
OTHERS	5,061
TOTAL	<u>\$ 7,480,154</u>

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
IEHP - RECUPERATIVE	\$ 913,619	\$ 200,370
JOAN E HAMILTON	305,670	
SVDP MANAGEMENT, INC.	208,209	
KAISER FOUNDATION - RECOUP	150,000	
PIERRE MENARD LIVING TRUST	150,000	
HOUSTON FAMILY FOUNDATION	100,000	
PETER HENRY BAKER	100,000	
HENRY BURDICK	90,000	
RUNSIGNUP	82,172	
HEDCO	67,943	
INLAND EMPIRE COMMUNITY FOUNDATION	55,680	
AMERICAN EXPRESS	50,000	
THE DJM & CMJR CHARITABLE FOUNDATION	50,000	
NAN & REED HARMAN	50,000	
DUNLAP FOUNDATION	50,000	
HOEHN FAMILY CHARITABLE TRUST	40,000	
MR. JONATHAN ESPY	36,800	
WALMART/SAM'S CLUB	32,500	
STEPHEN MIRAGLIA	30,000	
JOHN V. & CAROLYN A. SAEMAN	30,000	
PATRICK MCCARTHY FOOD PANTRY SPONSOR	25,000	
RYAN TINN	25,000	
JACKIE AUTRY	25,000	
JOHN AND DOROTHY SHEA	25,000	
ANDERSON FOUNDATION	24,800	
ANITA & ANTON GARNIER FAMILY TRUST	24,500	
ANONYMOUS	23,573	
SUSAN GREEN POWELL	21,000	
BERGER FOUNDATION	20,000	
THE MILIAS FOUNDATION	20,000	
THE ROSSKAM FAMILY GIVING FUND	20,000	
MUNSON CHARITABLE FUND	20,000	
EDWARD JONES	20,000	
DANIEL LEVINE FAMILY FOUNDATION	20,000	
BIGHORN GOLF CLUB CHARITIES	20,000	
FIDELITY INVESTMENTS	19,450	
PERRINE CRAMPTON	19,000	
CARS	15,539	
EVANS FAMILY FOUNDATION	15,000	
GIL & SHARI ROYBAL	15,000	
BRIAN & BLAINE AMIDEI / FORTEM FINAN	14,410	
MARION PARK FOUNDATION GRANT	13,000	
LORRAINE DAY, MD	12,500	
GARY & SANDRA SCHNITZER	12,500	
SHRYNE GROUP INC/STRATEGIC GREEN PAR	12,000	
TOYOTA OF THE DESERT	11,000	
EVERI PAYMENTS	10,907	
MARTIN & ANN GOLDSTEIN FAMILY FOUNDA	10,500	
PACIFIC PREMIER BANK	10,000	
ROOST LOUNGE	10,000	
THE KILROY FAMILY FUND	10,000	
TWENTY-NINE PALMS BAND	10,000	
NATIONAL CHRISTIAN FOUNDATION CALIFO	10,000	
JP MORGAN CHARITABLE GIVING FUND	10,000	

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts (continued)**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
JOHN W. FLYNN	\$ 10,000	\$
FRANK HOLLAND	10,000	
ESTATE OF MARY PATRICIA SCHNELLER	10,000	
ALFRED & ANN VAN DOMELEN	10,000	
EDITH M. MARTIN	10,000	
EDELTRAUD MCCARTHY FOUNDATION	10,000	
BENNION & DEVILLE CHARTIBLE FOUNDATI	10,000	
CULLEN FAMILY FOUNDATION	10,000	
DENNIS FAMILY CHARITABLE FUND	10,000	
CHANDI GROUP USA	10,000	
KATE FAUNTLEROY	9,752	
LYNDALE MANOR	9,000	
LINDA L. PIKE	7,500	
HIGHLAND STREET FOUNDATION	7,500	
KSC & SON CORPORATION	7,492	
THE UNITED WAY	7,417	
IRONSMITH, INC.	7,000	
LORI LOMBARDO	6,200	
EVENTBRITE	6,080	
ALTHEA AND BOB HOWE	6,000	
CATHERYN EMILY HOEHN	6,000	
JACK ALOTTO	5,500	
DEE WAMBAUGH	5,050	
TODD BARAJAS LEGACY FUND (MATCHING G	5,000	
THE PAISLEY FOUNDATION	5,000	
THE JOHN & KATHLEEN SCHREIBER FOUNDA	5,000	
RICHARD STELK	5,000	
UNITED WAY OF KING COUNTRY	5,000	
STEPHANIE R. WERNIG	5,000	
RONALD KOENEKE	5,000	
WAYNE BELCHER	5,000	
KIM S. BRACE IRA	5,000	
NANCY & BRAD ROSENBERG	5,000	
PAUL & CAROL HILL FOUNDATION	5,000	
LIFETECH RESOURCES LLC	5,000	
MICHAEL G. BEEMER	5,000	
FRED AND PATTY HOPP FOUNDATION	5,000	
JUDITH R. HUMPHREYS	5,000	
JEWISH COMMUNITY FEDERATION	5,000	
ER FUNERAL PRE PLANNING SERVICES	5,000	
CUSHMAN FAMILY FOUNDATION LTD	5,000	
CYNTHIA SHARON HUTCHINSON	5,000	
BMO CHARITABLE FUND PROGRAM	5,000	
DAVID FELTMAN	5,000	
ELIZABETH GEISEN	5,000	
AMERIPRISE	5,000	
COACHELLA VALLEY WELLNESS FOUNDATION	5,000	
AGUA CALIENTE BAND OF CAHUILLA INDIA	5,000	
DESERT HEALTHCARE	75,502	
STATE OF CALIFORNIA	49,385	
CACFP	218,660	
CITY OF INDIAN WELLS	60,000	
CITY OF INDIO	44,167	
CITY OF LA QUINTA	100,000	

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts (continued)**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
CITY OF PALM SPRINGS	\$ 225,267	\$
VARIOUS RIVERSIDE COUNTY AGENCIES	2,222,610	1,509,361
KESQ	105,850	
BOMBAS SOCKS	65,000	
GIFT CARD BANK	11,550	
GARDENS ON EL PASEO	10,000	
CORD MEDIA LLC	8,630	
TOYOTA OF THE DESERT	6,871	
TOTAL	<u>\$ 6,686,255</u>	<u>\$ 1,709,731</u>

# Federal Statements

## Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
TAXABLE INTEREST	\$ 107,332
TOTAL	\$ 107,332

## Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
MISC REVENUE	\$ 1,466
THRIFT STORE	360,943
5K EVENT	87,861
OTHER EVENT	5,562
BUILDING	10,608
TOTAL	\$ 466,440

**Federal Statements****5K EVENT****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SPONSHOPSHIP	\$ 3,050
INKIND DONATIONS	136,830
OTHER EVENT EXPENSES	43,741
T-SHIRTS	14,988
TOTAL	\$ <u>198,609</u>



**California Statements****Statement 5 - Form 199, Part II, Line 17 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$
5K EVENT	
SPONSHOPSHIP	3,050
INKIND DONATIONS	136,830
OTHER EVENT EXPENSES	43,741
T-SHIRTS	14,988
OTHER EMPL. BENEFITS	280,615
PAYROLL TAXES	256,432
ACCOUNTING	25,900
LEGAL	35,857
TRAVEL	15,741
CONFERENCES AND CONV.	124,717
FOOD	728,106
UTILITIES AND TELEPHONE	360,753
CREDIT CARDS/MERCHANT EXP	65,055
CONTRACT SERVICES	123,543
EQUIPMENT/MINOR PURCHASES	168,873
DONATION SERV/USE OF FAC	131,770
ADVERTISING	89,418
OFFICE EXP.	432,417
INSURANCE	74,177
POSTAGE	5,470
REPAIRS AND MAINTENANCE	189,011
MISC EXPENSES	45,664
OTHER INCENTIVE EXPENSES	376,767
PROFESSIONAL FUNDRAISING	45,631
UNREALIZED LOSS	144,669
DONATED SERVICES/FACILITIES	131,770
TOTAL	<u>\$ 4,050,965</u>

**Statement 6 - Form 199, Schedule L, Line 12 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CONSTRUCTION IN PROGRESS	\$ 57,621	\$ 149,128
PREPAID EXPENSES	57,621	219,803
RIGHT OF USE		109,778
TOTAL	<u>\$ 57,621</u>	<u>\$ 478,709</u>

**Statement 7 - Form 199, Schedule L, Line 17 - Mortgages Payable**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
BUILDING PURCHASE	\$ 4,700,986	\$ 4,628,166
SBA - EIDL	500,000	494,110
TOTAL	<u>\$ 5,200,986</u>	<u>\$ 5,122,276</u>

**California Statements****Statement 8 - Form 199, Schedule L, Line 18 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCRUED INTEREST	\$ 17,433	\$ 11,108
LEASE LIABILITY		109,778
DEFERRED REVENUE	128,719	132,591
TOTAL	<u>\$ 146,152</u>	<u>\$ 253,477</u>