PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 1570256

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2022	
Open to Public Inspection	

A I	For the	2022 calendar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023	
			D Employer identifi	
- 8	Check if applicable	: • · · · · · · · · · · · · · · · · · ·		
	Addres change	MAMA'S KITCHEN		
F	Name		33-04342	46
F	lchange lnitial	· ·		
H	lreturn Final	Number and street (or P.O. box if mail is not delivered to street address) 3960 HOME AVENUE	uite E Telephone numbe 619-233-	
	—return/ termin-		_	7,385,460.
	ated □Amend	City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92105	G Gross receipts \$	
H	⊒return □Applica	SAN DIEGO, CA 92103	H(a) Is this a group re	
	tion pendin	Finame and address of principal officer: EVA FIATILE WS	for subordinates	
	-	same as C above	H(b) Are all subordinates i	
			 1	list. See instructions
	Website		H(c) Group exemption	
	_		ear of formation: 1990	M State of legal domicile: CA
Pá		Summary		
ø	1 1	Briefly describe the organization's mission or most significant activities: ${f WE}$ ${f PROVI}$	DE NUTRITION	SUPPORT TO
auc	'	THOSE AFFECTED BY CRITICAL ILLNESSES WHO ARE	VULNERABLE T	O HUNGER.
Governance	2 (Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net a	
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	20
<u>ھ</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
es 9	5	Fotal number of individuals employed in calendar year 2022 (Part V, line 2a)	5	45
Activities		Total number of volunteers (estimate if necessary)		857
Ę		Fotal unrelated business revenue from Part VIII, column (C), line 12		0.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
ø	8 (Contributions and grants (Part VIII, line 1h)	9,085,723.	5,348,852.
Ď	1	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	197,099.	134,302.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-41,352.	-21,307.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,241,470.	5,461,847.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
10	l		1,941,333.	2,263,306.
se	162	Professional fundraising fees (Part IX column (A) line 11e)	0.	0.
Expenses	h 3	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25) 643,050.	<u> </u>	.
X		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,783,557.	3,162,568.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,724,890.	
		Revenue less expenses. Subtract line 18 from line 12	4,516,580.	35,973.
-SS	19 F	nevertue less experises. Subtract line 16 from line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	00 -	Fatal assats (Dayt V. line 10)	11,962,538.	12,488,015.
SSE	20	Fotal assets (Part X, line 16)	225,032.	281,795.
Jet /	21	Fotal liabilities (Part X, line 26)	11,737,506.	12,206,220.
		Net assets or fund balances. Subtract line 21 from line 20	11,737,300.	12,200,220.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tomente and to the heet of m	v knowledge and helief it is
	•	ares of perjury, reactare that relate examined this return, including accompanying schedules and states and sta , and complete. Declaration of preparer (other than officer) is based on all information of which prep	·	y kilowieuge allu bellet, it is
uuc	, соптест	, and complete. Decid attorior of preparer (other than officer) is based on an information of which prep	I I I I I I I I I I I I I I I I I I I	
٥.	-	Signature of officer	I Date	
Sig	՝՝ լ	•	Duto	
Her		EVA MATTHEWS, CHIEF EXECUTIVE OFFICER Type or print name and title		
			Date Check	PTIN
De!		Print/Type preparer's name Preparer's signature TACON C CUITIZMED	I OHOOK L	
Pai	-	JASON C. GUTZMER JASON C. GUTZMER	02/09/24 if self-employ	P01204162 1-4590836
		Firm's name LING & BOUMAN CPA'S, LLP	Firm's EIN 8	1-4020000
use	Only	Firm's address 4669 MURPHY CANYON ROAD, STE 130	51 / 0	E0\167 1770
_		SAN DIEGO, CA 92123-1833	Pnone no. (8	58)467-4770
Ma	y the IR	S discuss this return with the preparer shown above? See instructions		Yes No

Pa	statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	0
	MAMA'S KITCHEN BELIEVES THAT EVERYONE IS ENTITLED TO THE BASI	
	NECESSITY OF LIFE - NUTRITIOUS FOOD. OUR SERVICES IMPROVE THE	
	AND WELL-BEING OF INDIVIDUALS AND FAMILIES VULNERABLE TO MALN	UTRITION
	DUE TO CRITICAL ILLNESS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes L▲ 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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota	l expenses, and
_	revenue, if any, for each program service reported.	5,461,847.)
4a	(Code:) (Expenses \$ 4,441,973. including grants of \$) (Revenue \$) (Revenue \$)	
	ILLNESSES. THE ORGANIZATION DELIVERED 816,920 MEALS, PROVIDED	
	EMERGENCY FOOD ASSISTANCE BAGS, AND PROVIDED MEDICAL NUTRITIO	
	TO 959 CLIENTS.	N IIIDKAFI
	10 939 CHIENIS:	
4b	(Code:) (Expenses \$)
	(Code:) (Expenses #) (nevertice #)	
4c	(Code:) (Expenses \$)
	Other program and in a (Danatha an Oakadala O.)	
4d	Other program services (Describe on Schedule O.)	1
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 4,441,973.)
<u>4e</u>	Total program service expenses 4,441,9/3.	Form 990 (2022)
		. 5 5 - (2022)

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٦,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			\ _{3,7}
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_	v	
_	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			 ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			ا ۔۔
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			X
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
		∠UD		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	domestic government on Fartin, column (A), line 1:11 163, complete ochedule i, 1 arts Fand if	4 1		

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Form **990** (2022)

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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	 		X
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2Eh		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	"		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
		_	200	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	· · · · · · · · · · · · · · · · · · ·		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				37
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			v
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	٥.		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	wisse provided to the powers	7.		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it we to file Form 8282?	•	7c		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		21
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	 	12a		
	,	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a		100	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form **990** (2022) 232005 12-13-22

Form 990 (2022) MAMA'S KITCHEN 33-0434246

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			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
а	The organization's CEO, Executive Director, or top management official	15a	Х	77
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA		\ ··	- 1- 1
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) avaıla	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website X Another's website Upon request Other (explain on Schedule O)	ન દ:	!-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u finar	ıcıal	
20	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 EVA MATTHEWS - 619-233-6262			
	3960 HOME AVENUE, SAN DIEGO, CA 92105			

Form **990** (2022)

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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

X

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	aniza	ation	cor	mpe	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	amount of
	week	-	CCI aii	10 2 0	1) / d de	1	from	from related	other
	(list any hours for	· director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	5	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ıal tru		oyee	educ		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) ALBERTO CORTES	40.00	_		l				001 000		6 606
CHIEF EXECUTIVE OFFICER	40.00			Х				201,093.	0.	6,606.
(2) ANDREW PICARD	40.00	1						110 510		•
CHIEF OPERATING OFFICER	40.00	_		Х				110,513.	0.	0.
(3) KELLY SHERLOCK	40.00	1		,,				100 402		0 440
CHIEF FINANCIAL OFFICER	1 2 20	_		Х				100,493.	0.	8,440.
(4) THOMAS KWAN	2.00	٠,,		,,						0
PRESIDENT	1 2 00	Х		Х				0.	0.	0.
(5) CARON CALABRESE	2.00	٠,,		,,					_	0
PRESIDENT ELECT	1 2 00	Х		Х				0.	0.	0.
(6) JEANNIE POSNER	2.00	Į.,		\ \ **					_	0
TREASURER	1 2 00	Х		Х		_		0.	0.	0.
(7) MIKE HORN	2.00	₩.		x				0.	0.	0
SECRETARY	2.00	Х		_				0.	0.	0.
(8) CHIARA LEROY	2.00	X		x				0.	0.	0.
VICE PRESIDENT	2.00	^		^		\vdash		0.	0.	0.
(9) RICHARD MOORE	2.00	X						0.	0.	0.
MEMBER AT LARGE (10) JIM BLEVINS	2.00	^						0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(11) CARY BERNER	2.00	^						0.	0.	· ·
DIRECTOR	2.00	X						0.	0.	0.
(12) JENNIFER GRODBERG	2.00	122						0.	0.	•
DIRECTOR	2.00	x						0.	0.	0.
(13) APRIL HEINZE	2.00	122							•	•
DIRECTOR	2,00	x						0.	0.	0.
(14) FADOUA CHAFIK	2.00	┢								
DIRECTOR		x						0.	0.	0.
(15) JACQUELINE UNG	2.00	 						•	•	
DIRECTOR		x						0.	0.	0.
(16) CHARLES MELTZER	2.00	Ė							-	
DIRECTOR		X						0.	0.	0.
(17) JULIA JAFFE	2.00									
DIRECTOR		Х						0.	0.	0.

232007 12-13-22

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Name and title	Average hours per week	verage burs per week Position (do not check more than one box, unless person is both an officer and a director/trustee)					th an	Reportable compensation from	Reportable compensation from related		an	timate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e tion ted
(18) JEFF ROBERS	2.00	١.,								_			0
DIRECTOR (10) ANDREW DOGENDERS	2.00	Х				-		0.		0.	<u> </u>		0.
(19) ANDREW ROSENBERG DIRECTOR	2.00	X						0.		0.			0.
(20) VIC SALAZAR	2.00	125				\vdash		•		•			•
DIRECTOR		x						0.		0.			0.
(21) JENNIFER TUTEUR	2.00									_			
DIRECTOR		X						0.		0.			0.
(22) JAMIE YORK	2.00												
DIRECTOR		X						0.		0.	<u> </u>		0.
(23) KALI MISTRY	2.00	١								^			^
DIRECTOR		X				_		0.		0.			0.
		1											
-	1					\vdash							
		1											
	1												
1b Subtotal								412,099.		0.	1	5,0	46.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								412,099.		0.	1	<u>5,0</u>	46.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) w	ho r	eceived more than \$100	0,000 of reportable	е			2
compensation from the organization												Yes	No
3 Did the organization list any former officer											_	100	
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or											4		
rendered to the organization? If "Yes," con	· · · · · · · · · · · · · · · · · · ·				-			-			5		х
Section B. Independent Contractors	10.010		-	,	,								
1 Complete this table for your five highest co	ompensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi	n the organization's tax	year.				
(A)	a addraga	3.77	\ ****	-				(B)	am daga	_	(C		
Name and business	s address	1/10	INC	<u> </u>			_	Description of s	services		ompe	Isalio)
											-		
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	sted	d above) who received n	nore than				
\$100,000 of compensation from the organ	. •					0		,			Form	990 /	2022)
											-orm	33U (ノロンフト

Form	199	0 (2	2022) MAMA	'S K	ITCHE	:N			33-0434	246 Page 9
Pa	rt V	/	Statement of Reve	enue						
			Check if Schedule O col	ntains a	response	or note to any lin	e in this Part VIII			
								(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue		business revenue	from tax under
										sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns		1a					
Gra		b	Membership dues		1b					
ts, (Arr		С	Fundraising events		1c	259,348.				
Gif ilar			Related organizations		1d					
ns,		е	Government grants (contribution	utions)	1e	963,967.				
itio er S		f	All other contributions, gifts, gra							
J. Pip			similar amounts not included ab	oove	1f	4,125,537.				
ont od (_	Noncash contributions included in lin		1g \$	363,091.				
<u>a</u> C		h	Total. Add lines 1a-1f				5,348,852.			
						Business Code				
ice	2	а								
erv ue		b								
n S Ieni		С								
Program Service Revenue		d								
		е								
			, ,							
			Total. Add lines 2a-2f							
	3		Investment income (includin	•			200 540			200 540
	_		other similar amounts)				200,540.			200,540.
	4		Income from investment of t			The state of the s				
	5		Royalties							
	_				Real	(ii) Personal				
	6			ia						
			· · · · · · · · · · · · · · · · · · ·	Sb S						
			` ′ ∟	SC						
	_		Net rental income or (loss) Gross amount from sales of		ecurities	(ii) Other				
	′	а		_ `` <i>'</i>		(ii) Other				
			· -	'a 1,7	54,729.	1				
<u>o</u>		D	Less: cost or other basis	, 1 s	320,967.					
evenue		_			66,238.	+				
ev.			· /				-66,238.			-66,238.
erF	0		Net gain or (loss)				00,230.			00,230.
Other	0	а	including \$ 25							
•			contributions reported on lir		I					
			Part IV, line 18	-		81,339.				
		h	Less: direct expenses			102,646.				
			Net income or (loss) from ful				-21,307.			-21,307.
			Gross income from gaming	•			22,007.			22,007.
		u	Part IV, line 19		I					
		h	Less: direct expenses							
			Net income or (loss) from ga							
			Gross sales of inventory, les							
	10	u	and allowances							
		h	Less: cost of goods sold							
			Net income or (loss) from sa							
_			THE INCOME OF (1055) HOLLI SA	01 1111	oritory	Business Code				
Miscellaneous Revenue	11	а								
nue	•••	b								
ella		C								
lsc R			All other revenue							
Σ			Total Add lines 11a-11d			-				

12 Total revenue. See instructions

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112,995.

5,461,847.

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).

Do	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	426,679.	342,481.	63,681.	20,517
_	trustees, and key employees	420,079.	344,401.	03,001.	20,317
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 550 004	1,098,632.	05 547	262 015
7	Other salaries and wages	1,558,094.	1,030,034.	95,547.	363,915
8	Pension plan accruals and contributions (include	16 150	8,394.	6 410	1 6/5
_	section 401(k) and 403(b) employer contributions)	16,458. 109,188.	0,394.	6,419.	1,645 10,919
9	Other employee benefits	152,887.	55,686. 111,317.	42,583. 11,744.	29,826
10	Payroll taxes	134,00/•	111,31/•	11,/44.	43,040
11	Fees for services (nonemployees):				
a					
b	<u> </u>				
C	<u> </u>				
	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,	F2 626	17 546	17 5/5	17 5/5
f	Investment management fees	52,636.	17,546.	17,545.	17,545
g	,	44 556	7 667	25 720	1 150
	column (A), amount, list line 11g expenses on Sch 0.)	44,556.	7,667. 56.	35,739.	1,150
12	Advertising and promotion	78,933.	19,652.	6.	78,871
13	Office expenses	28,517. 108,396.		3,098.	5,767
14	Information technology	100,390.	68,393.	13,034.	26,969
15	Royalties	202,870.	160 040	12 200	10 524
16	Occupancy	202,070.	169,948.	13,398.	19,524
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	157,575.	125 250	0 007	22 /110
22	Depreciation, depletion, and amortization	67,086.	125,358. 46,438.	8,807. 12,953.	23,410 7,695
23	Insurance	07,000.	40,430.	14,900.	1,095
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) FOOD COSTS	2 222 060	2 222 060		
a		2,222,968.	2,222,968.		
b	CLIENT EXPENSE	46,515.	46,515.		
С.	SUPPLIES	40,383.	40,383.	1 700	2/ 005
d	BANK FEES	36,399 .	9,794.	1,700.	24,905
	All other expenses	75,734.	50,745.	14,597.	10,392
25	Total functional expenses. Add lines 1 through 24e	5,425,874.	4,441,973.	340,851.	643,050
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			899,872.	1	580,785.
	2	Savings and temporary cash investments			152,617.	2	86,139.
	3	Pledges and grants receivable, net		1,032,436.	3	1,075,228.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of	r forme	r officer, director,			
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	rsons (as defined				
		under section 4958(f)(1)), and persons describe		6			
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			93,312.	8	165,105.
⋖	9	Prepaid expenses and deferred charges			46,737.	9	46,384.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,700,949.			
	b	Less: accumulated depreciation		1,631,341.	1,553,174.		2,069,608.
	11	Investments - publicly traded securities			7,851,833.	11	8,178,126.
	12	Investments - other securities. See Part IV, line	F		12		
	13	Investments - program-related. See Part IV, line		0.4 650	13	14 450	
	14	Intangible assets		24,650.	14	14,450.	
	15	Other assets. See Part IV, line 11			307,907.	15	272,190.
	16	Total assets. Add lines 1 through 15 (must equ			11,962,538.	16	12,488,015.
	17	Accounts payable and accrued expenses		225,032.	17	281,795.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form					
iii		trustee, key employee, creator or founder, subs				00	
Lia		controlled entity or family member of any of the		F		22	
	23	Secured mortgages and notes payable to unrel				23 24	
	24 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa				24	
	23	parties, and other liabilities not included on line					
		of Schedule D	5 17-24,	i. Complete Fart A		25	
	26	Total liabilities. Add lines 17 through 25			225,032.	26	281,795.
		Organizations that follow FASB ASC 958, che					
Ses		and complete lines 27, 28, 32, and 33.		· —			
au	27				11,166,741.	27	11,010,945.
Bal	28	Net assets with donor restrictions			570,765.	28	1,195,275.
<u>n</u>		Organizations that do not follow FASB ASC 9					
Ţ		and complete lines 29 through 33.	•				
S OI	29	Capital stock or trust principal, or current funds		Ī		29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in		F		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,737,506.	32	12,206,220.
_	33	Total liabilities and net assets/fund balances			11,962,538.	33	12,488,015.

Pa	Tt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,46		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,42		
3	Revenue less expenses. Subtract line 2 from line 1	3			73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,73		
5	Net unrealized gains (losses) on investments	5	43	2,7	41.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	12,20	6,2	20.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	∍ O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

MAMA'S KITCHEN 33-0434246 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2022 MAMA'S KITCHEN 33-0434246 Page 2

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Pa	Support Schedule for	-					•
	(Complete only if you checke				n failed to qualify	under Part III. If th	e organization
_	fails to qualify under the tests	s listed below, plea	ise complete Part	III.)			
	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2651013.	4804017.	5377932.	8777313.	4726413.	26336688.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					150111	
4	Total. Add lines 1 through 3	2651013.	4804017.	5377932.	8777313.	4726413.	26336688.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						26336688.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2651013.	4804017.	5377932.	8777313.	4726413.	26336688.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	45,899.	47,236.	67,474.	146,330.	200,540.	507,479.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						26844167.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						L
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (14	98.11 %
	Public support percentage from 2021						98.55 %
16a	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstand	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•		•		
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	

Schedule A (Form 990) 2022

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.)

Se	ction A. Public Support	ciow, picase cerri	piete i uit ii.)				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(, _0.0	(=, == 10	(5, 2525	(2, 202)	(5, 2022	(.,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(3.) = 3.13	(5) 25 15	(0, 2020	(0,) = 0 = 1	(0, 2022	(1)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (ine 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage	!			
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	-14		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	10b		
lule	A (Forr	n 990)	2022

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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? 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.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
_			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
-	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

	ddie A (Form 990) 2022			75 0454240 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

Schedule A (Form 990) 2022

6

emergency temporary reduction (see instructions).

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 **c** From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021

Schedule A (Form 990) 2022

e 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.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Name of the organization

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

2022

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

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

MAMA'S KITCHEN

Employer identification number

33-0434246

Organization type (check o	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
~	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.					
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify g requirements of Schedule B (Form 990).					

Schedule B (Form 990) (2022)

Name of organization Employer identification number

MAMA'S	ויוש	TCHEN

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ <u>329,918.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
000450 11 1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

33-0434246

Page 3

Name of organization Employer identification number

MAMA'S KITCHEN

33-0434246

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	BUILDING IMPROVEMENTS AND REPAIRS		
5		 \$ 322,708.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		_	

Page 4

Name of organization

Employer identification number

MAMA 'S KITCHEN

33-0434246

Part III Exclusively religious charitable etc. contributions to exception for the year.

	completing Part III, enter the total of exclusively religious, ch	naritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) Ψ
lo. m	Use duplicate copies of Part III if additional s	pace is needed.	
m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	ft
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee
			•
o.			
î	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
_			
		(e) Transfer of git	ft
	Transferee's name, address, ar	nd 7IP ± 4	Relationship of transferor to transferee
		M ZII T T	relationship of transfer of to transfer ce
No.			I
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	ft
	Transferee's name, address, ar	nd 7IP ± 4	Relationship of transferor to transferee
			Treatment of a district of the district of
No.			
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
n t I	(b) Full pose of gift		
t I	(b) Ful pose of gift		
No. m t I	(b) Ful pose of gift		
m t I	(b) Ful pose of gift	(e) Transfer of gif	ft
- -			
m ::I	Transferee's name, address, an		ft Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

MAMA'S KITCHEN

Employer identification number 33-0434246

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts.Con	nplete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		•
		(a) Donor advised funds	(b) Funds and ot	her accounts
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 advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (for example, recrea	ition or education) Preservation of	a historically importan	t land area
	Protection of natural habitat	Preservation of	a certified historic stru	cture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form		
	day of the tax year.		Held at th	e End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel			ne tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	_	_
	violations, and enforcement of the conservation easements it	t holds?	L	」Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			uring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during	the year
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			∐ Yes
9	In Part XIII, describe how the organization reports conservati	·		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	nents that describes the)
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections or	f Art Historical Transcures or C	har Cimilar Assa	<u></u>
Pai		-	uner Similar Asse	is.
	Complete if the organization answered "Yes" on Form			
та	If the organization elected, as permitted under FASB ASC 95	·		KS
	of art, historical treasures, or other similar assets held for put	·	•	
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance of public servi	ce,
	provide the following amounts relating to these items:		Φ.	
	(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 tre		ai gain, provide	
	the following amounts required to be reported under FASB A		Φ.	0
a	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·	135,068.
b	Assets included in Form 990. Part X		\$	T)),000.

232051 09-01-22

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 MAMA 'S K	ITCHEN			33-	043424	6 =	Page :
	t III Organizations Maintaining Co		t, Historical Tı	easures, or Oth	ner Similar As	sets(conti	nued)	<u>age .</u>)
3 a	Using the organization's acquisition, accession collection items (check all that apply): Public exhibition	n, and other record		following that make	significant use o	its		
b	Scholarly research	е	Other					
с 4	Preservation for future generations Provide a description of the organization's coll	actions and explain	how they further	the organization's ex	emnt nurnose in	Part XIII		
5	During the year, did the organization solicit or i					are Ain.		
	to be sold to raise funds rather than to be mair		•	•		Yes	Σ	X No
Par	t IV Escrow and Custodial Arrange					IV, line 9, o	r	
	reported an amount on Form 990, Part							
	Is the organization an agent, trustee, custodian on Form 990, Part X?					Yes		□ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing table:			A		
	5					Amour	Ιτ	
	Beginning balance							
	Additions during the year Distributions during the year							
f	Ending balance				1f			
	Did the organization include an amount on For				····· <u> </u>	Yes		□ No
	If "Yes," explain the arrangement in Part XIII. C				•			
Par	t V Endowment Funds. Complete if t	he organization an	swered "Yes" on F	orm 990, Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ack (e) Fou	r year:	s back
1a	Beginning of year balance	43,103.	44,281	40,476	. 40,64	19.	39	,591
b	Contributions							
	Net investment earnings, gains, and losses	529.	-1,178	3,805.	1'	73.	1	1,058
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses	43,632.	43,103	44,281	. 40,4	7.6	40	0,649
g 2	End of year balance Provide the estimated percentage of the curre	,	•	,	, 10,1	•		, 013
- а	Board designated or quasi-endowment	it your one balance	%	ajj ficia ao.				
b	Permanent endowment	%	_/~					
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.						
За	Are there endowment funds not in the possess	sion of the organiza	ation that are held a	and administered for	the			
	organization by:						Yes	No
	(i) Unrelated organizations					3a(i)	Х	<u> </u>
	(ii) Related organizations					3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization)		3b		
4 Do:	Describe in Part XIII the intended uses of the c		wment funds.					
Pal	t VI Land, Buildings, and Equipme Complete if the organization answered		Dort IV line 11e	Soo Form OOO Dod \	V line 10			
	Description of property	(a) Cost or ot	her (b) Cos	t or other (c)	Accumulated	(d) Boo	k valı	ue

Description of property	(a) Cost or other	(a) Cost or other (b) Cost or other (c) Accumulated		(d) Book value									
	basis (investment)	basis (other)	depreciation										
1a Land		176,700.		176,700.									
b Buildings		2,705,673.	1,063,801.	1,641,872.									
c Leasehold improvements				_									
d Equipment		114,412.	46,231.	68,181.									
e Other		704,164.	521,309.	182,855.									
Total. Add lines 1a through 1e. (Column (d) must equ		mn (B), line 10c.)		2,069,608.									

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 MAMA 'S KITCH	33-0434246 Pag				
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" of					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value		
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of	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	d-of-year market value		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.			
	Description	, ,	(b) Book value		
(1)			,		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)				
Part X Other Liabilities.	10.)				
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	5		
(a) Description of lightility	5777 GTTT GGG, T GTTTV, IIITG	710 01 1111 000 1 01111 000, 1 arr x, iii10 20	(b) Book value		
			(b) Book value		
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			i		

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... Schedule D (Form 990) 2022

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta		Revenue per H	eturr	l .
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				6 460 004
1	Total revenue, gains, and other support per audited financial statements			1	6,469,804.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		100 511		
а	5		432,741.		
b	Donated services and use of facilities		575,216.		
С	1 , 3				
d	/				4 000 000
е	• • • • • • • • • • • • • • • • • • • •			2e	1,007,957.
3	Subtract line 2e from line 1			3	5,461,847.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , ,				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.))		5	5,461,847.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				C 001 000
1	Total expenses and losses per audited financial statements			1	6,001,090.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	FFF 016		
а	Donated services and use of facilities		575,216.		
b	, , , , , , , , , , , , , , , , , , ,				
С	Other losses	2c			
	Other (Describe in Part XIII.)				o46
е	• • • • • • • • • • • • • • • • • • • •			2e	575,216.
3	Subtract line 2e from line 1			3	5,425,874.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	, , , ,				
b	Other (Describe in Part XIII.)	4b			•
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8 <i>.)</i>		5	5,425,874.
	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	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 ar	ny additional inform	mation.		
_	1!				
Pai	rt V, line 4:				
THI	E ENDOWMENT FUND WAS CREATED FOR CONTIN	UED OPERA	TING PURPO	SES	OF THE
ORG	GANIZATION				
		· · · · · · · · · · · · · · · · · · ·			

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

MAMA 'S		33-0434246					
Part I Fundraising Activities required to complete this pa	Complete if the organization answert.	ered "Y	'es" oı	n Form 990, Part IV,	line 17. l	Form 990-EZ	'filers are not
Indicate whether the organization rai a	sed funds through any of the following solicitates of Solicitates or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursuits.	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, oi	Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions?		Did traiser custody from activity trons?		nount paid etained by) draiser in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is ex	empt from re	egistration

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

Schedule G (Form 990) 2022

232082 10-27-22

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-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro			events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MANA LO DIEG	MANA LO DAM	4	(add col. (a) through
			MAMA'S PIES (event type)	(event type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	161,923.	106,290.	72,474.	340,687.
	2	Less: Contributions	125,983.	87,815.	45,550.	259,348.
	3	Gross income (line 1 minus line 2)	35,940.	18,475.	26,924.	81,339.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
]	8	Entertainment				
	9	Other direct expenses	34,882.	41,815.	25,949.	102,646.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			102,646.
Da		Net income summary. Subtract line 10 from li				-21,307.
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	1 990, Part IV, line 19, or	reported more than	
		ψ13,000 0111 01111 990-L2, linie 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
Щ	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No		No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
۵	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				. —
		·				
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	MAMA'S	KITCHEN 33	3-043	4246	Page 3
11	Does the organization conduct ga	aming activities	with nonmembers?		Yes	No
			ee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			\square	Yes	☐ No
13	Indicate the percentage of gaming			_		
á	The organization's facility			13a	1	%
						%
14	Enter the name and address of th	ie person who j	prepares the organization's gaming/special events books and records:			
	Name					
	Address					
15	Does the organization have a con	tract with a thi	rd party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	If "Yes," enter the amount of gam	ina revenue red	ceived by the organization \$ and the amoun	t		
	of gaming revenue retained by the					
(If "Yes," enter name and address					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Name					
	Gaming manager compensation	\$				
	daming manager compensation	<u> </u>				
	Description of services provided					
	Director/officer	Employee	e Independent contractor			
	Mandatory distributions:					
á			nake charitable distributions from the gaming proceeds to] v	
			sakaka laurika lagadiskiilarikad ka akhan sarananan laurinak ang ang anak in k		Yes	└── No
	organization's own exempt activit	· ·	state law to be distributed to other exempt organizations or spent in that year \$	ie		
Pa			ride the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III.	lines 9.	9b. 10b.
			so provide any additional information. See instructions.	a. a ,		,,
	, , , , ,					

Schedule G	i (Form 990)	MAMA'S KITCHEN	33-0434246 Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)	<u> </u>
		•	
•			
_			

SCHEDULE J (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

MAMA'S KITCHEN

Employer identification number 33-0434246

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
_				
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.			
	 Compensation committee Independent compensation consultant Written employment contract Compensation survey or study 			
	Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
	The organization?	6a		X
b	Any related organization?	6b		Х
_	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			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		Щ_

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ALBERTO CORTES	(i)	201,093.	0.	0.	0.	6,606.	207,699.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

33-0434246

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MAMA'S KITCHEN

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

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

Employer identification number

Pai	rt I Types of Property								
		(a)	(b)	(c)	:	(d)			
		Check if applicable	Number of contributions or	Noncash contr amounts repor		Method of de noncash contribe		-	·e
		арріюаью	items contributed	Form 990, Part VI	II, line 1g	Tiorioadii odiitiidi	ation a	mount	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22 23	Historical artifacts								
23 24	Scientific specimens Archeological artifacts								
25	Other (BUILDING IMPROV)	X	1	322	708.	ACTUAL COST	1		
26	Other (CATERING FOOD)	X	50			COMPARABLE		ES	
27	Other (AUCTION ITEMS)	X	48			SELLING PRI			
28	Other (OTHER MISCELLAN)	X	1			COMPARABLE		ES	
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	ontributions					
	for which the organization completed Form 82	283, Part V, [Donee Acknowledg	ement	29				
				,				Yes	No
30a	During the year, did the organization receive b	oy contribution	on any property rep	oorted in Part I, line	es 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of	f the initial co	ontribution, and wh	ich isn't required t	o be used	for			
	exempt purposes for the entire holding period	j?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandar	rd contribu	ıtions?	31	Х	<u> </u>
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sel	ll noncash				
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in	column (c) fo	or a type of propert	y for which columr	n (a) is che	cked,			
	describe in Part II.								

Schedule M (Form 990) 2022

232142 09-09-22

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-FZ.

Attach to Form 990 or Form 990-EZ.

<u>Go to www.irs.gov/Form990 for the latest information.</u>

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MAMA'S KITCHEN

Employer identification number 33-0434246

Form 990, Part VI, Section B, line 11b:

THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND TREASURER, THEN PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL TO FILE. ONCE THE FORM 990 HAS BEEN APPROVED BY THE FINANCE COMMITTEE IT IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS.

Form 990, Part VI, Section B, Line 12c:

NEW MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE

STATEMENT AFTER BEING ELECTED TO THE BOARD. ALL BOARD MEMBERS COMPLETE A

NEW CONFLICT OF INTEREST DISCLOSURE STATEMENT EACH JANUARY.

Form 990, Part VI, Section B, Line 15a:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION

OF THE CHIEF EXECUTIVE OFFICER BASED ON COMPARIBILITY DATA AVAILABLE FOR

THE GEOGRAPHIC AREA AND NATURE OF THE ORGANIZATION.

Form 990, Part VI, Section C, Line 19:

GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON RECEIPT OF A WRITTEN
REQUEST. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S
WEBSITE.

FORM 990, PART VII, SECTION A, LINE 1A (#2)

THE COMPENSATION LISTED FOR THE CHIEF OPERATING OFFICER IS BASED UPON

FISCAL YEAR COMPENSATION AND NOT CALENDAR YEAR W-2 WAGES AS THEY WERE

HIRED AFTER THE W-2 REPORTING WINDOW FOR THIS RETURN.

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

Schedule O (Form 990) 2022

Scriedule O (Form 990) 2022					raye z
Name of the organization MAMA'S KITCHE	:N			Emp	oloyer identification number 33-0434246
FORM 990. PART XII, LINE 20	!				
THE AUDITOR SELECTION PROCE	SS HAS NOT	CHANGED	FROM THE	PRIOR	YEAR.

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Buildings														
1	BUILDING	09/01/11	SL	30.00	į	16	656,824.				656,824.	237,221.		21,900.	259,121.
2	BLDG-GENERAL	09/01/11	SL	30.00		16	1,224,134.				1,224,134.	439,586.		40,800.	480,386.
3	BLDG-HVAC	09/01/11	SL	10.00	į	16	110,860.				110,860.	110,860.		0.	110,860.
4	BLDG-FIRE ALARM/SPRINKLER	09/01/11	SL	10.00		16	62,177.				62,177.	62,177.		0.	62,177.
5	BLDG-ELEVATOR	09/01/11	SL	15.00	ļ	16	41,064.				41,064.	29,660.		2,738.	32,398.
6	BLDG-FLOOR COVERING	09/01/11	SL	5.00		16	30,313.				30,313.	30,313.		0.	30,313.
7	BLDG-FENCING/GATES	09/01/11	SL	7.00	ļ	16	19,892.				19,892.	19,892.		0.	19,892.
8	BLDG-INTRUSION SYSTEM	09/01/11	SL	7.00		16	12,632.				12,632.	12,632.		0.	12,632.
9	(D)BLDG-PHONE SYSTEM	09/01/11	SL	5.00	ļ	16	11,301.				11,301.	11,301.		0.	11,301.
10	BLDG-LANDSCAPING	09/01/11	SL	7.00		16	8,988.				8,988.	8,988.		0.	8,988.
11	BLDG-SIGNAGE	09/01/11	SL	5.00	į	16	4,320.				4,320.	4,320.		0.	4,320.
12	(D)BLDG-INTERIOR WINDOW TREATMENT	09/01/11	SL	7.00	į	16	2,313.				2,313.	2,313.		0.	2,313.
13	BLDG-ROLL UP DOOR	09/01/11	SL	5.00	ŀ	16	1,995.				1,995.	1,995.		0.	1,995.
14	BLDG-FIRE EXTINGUISHERS (5)	09/01/11	SL	7.00		16	1,500.				1,500.	1,500.		0.	1,500.
15	(D)BLDG-BLINDS	06/01/12	SL	7.00		16	1,274.				1,274.	1,274.		0.	1,274.
16	BLDG-LOADING DOCK COVER	11/01/13	SL	15.00		16	16,333.				16,333.	9,438.		1,089.	10,527.
86	AUTOMATIC GATE	09/06/16	SL	5.00		16	7,900.				7,900.	7,900.		0.	7,900.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
87	FRONT DOOR	06/30/17	SL	5.00	1	16	7,494.				7,494.	7,494.		0.	7,494.
97	KITCHEN ELECTRICAL	02/25/19	SL	2.00	1	16	6,716.				6,716.	3,863.		0.	3,863.
98	(D)FAUCETS-MENS UPSTAIRS	06/19/19	SL	2.00	1	16	1,219.				1,219.	1,219.		0.	1,219.
99	LOBBY SIGN	11/16/18	SL	2.00	1	16	1,794.				1,794.	1,794.		0.	1,794.
123	BUILDING IMPROVEMENTS	10/30/20	SL	15.00	1	16	16,668.				16,668.	1,852.		1,111.	2,963.
150	NEW VISION GLASS DOOR	07/01/22	SL	12.00	1	16	1,545.				1,545.			1,159.	1,159.
151	ALOHA SOLAR PANELS	07/26/22	SL	25.00	1	16	40,775.				40,775.			1,495.	1,495.
152	TOP FLOOR REMODEL	02/28/23	SL	30.00	1	16	85,307.				85,307.			948.	948.
153	BOD/CONFERENCE ROOM/AV EQUIP	04/29/23	SL	10.00	1	16	10,663.				10,663.			178.	178.
154	REMODEL PERMITS & DONATED MATERIALS	06/01/23	SL	30.00	1	16	323,214.				323,214.			898.	898.
155	PARKING LOT PAVING	06/17/23	SL	20.00	1	16	12,565.				12,565.			0.	
	* 990 Page 10 Total Buildings						2,721,780.				2,721,780.	1,007,592.		72,316.	1,079,908.
	Furniture & Fixtures														
17	(D)FF&E-MINOLTA COPIER D351	05/07/03	SL	5.00	1	16	8,243.				8,243.	8,243.		0.	8,243.
18	FF&E-RAISERS EDGE SOFTWARE	06/12/03	SL	3.00	1	16	15,420.				15,420.	15,420.		0.	15,420.
19	(D)FF&E-HP LASER JET PRINTER	06/24/03	SL	5.00	1	16	1,077.				1,077.	1,077.		0.	1,077.
20	FF&E-MEALSERVICE SOFTWARE	09/28/03	SL	3.00	1	16	6,250.				6,250.	6,250.		0.	6,250.
21	FF&E-BLACKBAUD SOFTWARE	01/01/05	SL	3.00	1	16	8,740.				8,740.	8,740.		0.	8,740.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
22	(D)FF&E-DELL COMPUTERS-OPTIPLEX 170L (5)	12/04/05	SL	3.00	1	.6	2,441.				2,441.	2,441.		0.	2,441.
23	FF&E-DONATED MICROSOFT SOFTWARE	02/28/07	SL	3.00	1	.6	20,943.				20,943.	20,943.		0.	20,943.
24	(D)FF&E-DELL COMPUTERS (3)	03/08/07	SL	3.00	1	.6	2,046.				2,046.	2,046.		0.	2,046.
25	(D)FF&E-TECHSOUP COMPUTER SOFTWARE	03/13/07	SL	3.00	1	.6	1,104.				1,104.	1,104.		0.	1,104.
	(D)FF&E-DONATED COPIER - BIZHUB	09/30/07	SL	3.00	1	.6	6,500.				6,500.	6,500.		0.	6,500.
	(D)FF&E-DELL LAPTOP COMPUTERS (3)	04/10/08	SL	3.00	1	.6	5,460.				5,460.	5,460.		0.	5,460.
	(D)FF&E-SMALL BIZ COMPUTER SERVER	01/01/10	SL	5.00	1	.6	6,682.				6,682.	6,682.		0.	6,682.
29	FF&E-OFFICE FURNITURE BMS	09/01/11	SL	7.00	1	.6	42,445.				42,445.	42,445.		0.	42,445.
30	FF&E-FILE CABNIETS (12)	09/02/11	SL	5.00	1	.6	3,029.				3,029.	3,029.		0.	3,029.
31	FF&E-PROJECTION SCREEN-CONF	09/01/11	SL	5.00	1	.6	2,300.				2,300.	2,300.		0.	2,300.
32	(D)FF&E-REFRIGERATOR/WATER COOLER-VOLUNTEER	09/01/11	SL	5.00	1	.6	2,047.				2,047.	2,047.		0.	2,047.
33	(D)FF&E-REFRIGERATOR-STAFF KITCHEN	09/01/11	SL	5.00	1	.6	1,453.				1,453.	1,453.		0.	1,453.
34	FF&E-DONATED HP COMPUTERS	06/01/12	SL	3.00	1	.6	5,195.				5,195.	5,195.		0.	5,195.
35	FF&E-CAPITAL CAMPAIGN VIDEO	07/01/12	SL	3.00	1	.6	3,400.				3,400.	3,400.		0.	3,400.
36	(D)FF&E-DONOR WALL	07/01/12	SL	5.00	1	.6	11,888.				11,888.	11,888.		0.	11,888.
37	FF&E-DONOR ROOM PLAQUES	12/01/12	SL	3.00	1	.6	1,877.				1,877.	1,877.		0.	1,877.
38	FF&E-30 SECOND TV SPOT	12/01/12	SL	3.00	1	.6	1,550.				1,550.	1,550.		0.	1,550.
39	FF&E-DONATED HP COMPUTERS	06/01/13	SL	3.00	1	.6	3,546.				3,546.	3,546.		0.	3,546.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	ine No. C	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
40	(D)FF&E-DONATED HP LAPTOP	06/01/13	SL	3.00	1	6	829.				829.	829.		0.	829.
41	(D)FF&E-DONATED HP PRINTER	06/01/13	SL	3.00	1	6	997.				997.	997.		0.	997.
42	FF&E-FREEZER ENLARGEMENT	01/01/00	SL	10.00	1	6	1,458.				1,458.	1,458.		0.	1,458.
43	FF&E-FREEZER ENLARGEMENT	06/01/00	SL	10.00	1	6	1,459.				1,459.	1,459.		0.	1,459.
44	FF&E-AMANA RC27S/MICROWAVE	06/01/03	SL	10.00	1	6	2,685.				2,685.	2,685.		0.	2,685.
48	FF&E-WALK-IN COOLER ENLARGEMENT	12/20/06	SL	10.00	1	6	3,005.				3,005.	3,005.		0.	3,005.
49	FF&E-MOVE/INSTALL WALK-IN COOLER @HOME	09/01/11	SL	5.00	1	6	8,326.				8,326.	8,326.		0.	8,326.
51	FF&E-AUTOMATIC FOOD SLICER	04/15/08	SL	5.00	1	6	4,286.				4,286.	4,286.		0.	4,286.
54	FF&E-FREEZER	12/19/08	SL	7.00	1	6	2,759.				2,759.	2,759.		0.	2,759.
55	FF&E-KITCHEN TABLES	06/12/09	SL	7.00	1	6	884.				884.	884.		0.	884.
56	FF&E-VULCAN RANGES (2)	09/01/11	SL	10.00	1	6	15,682.				15,682.	15,682.		0.	15,682.
57	FF&E-GAS KETTLE	09/01/11	SL	10.00	1	6	13,353.				13,353.	13,353.		0.	13,353.
59	FF&E-CLEAN DISH TABLE/PRE-RINSE	09/01/11	SL	7.00	1	6	4,889.				4,889.	4,889.		0.	4,889.
60	FF&E-FLOOR TROUGH	09/01/11	SL	10.00	1	6	1,767.				1,767.	1,767.		0.	1,767.
61	FF&E-SPEC MASTER TABLES (24)	09/01/11	SL	7.00	1	6	18,685.				18,685.	18,685.		0.	18,685.
62	FF&E-PREP TABLE	09/01/11	SL	7.00	1	6	3,020.				3,020.	3,020.		0.	3,020.
63	FF&E-AMANA MICROWAVE	09/01/11	SL	10.00	1	6	1,169.				1,169.	1,169.		0.	1,169.
64	FF&E-REFRIGERATOR SYSTEM	09/01/11	SL	10.00	1	6	31,404.				31,404.	31,404.		0.	31,404.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C o l	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
65	FF&E-WALK-IN FREEZER	09/01/11	SL	10.00	1	16	17,150.				17,150.	17,150.		0.	17,150.
66	FF&E-WALK-IN COOLER	09/01/11	SL	10.00	1	16	16,251.				16,251.	16,251.		0.	16,251.
67	FF&E-AIR CURTAINS	09/01/11	SL	10.00	1	16	1,908.				1,908.	1,908.		0.	1,908.
68	FF&E-HOODS/FIRE SYSTEM	09/01/11	SL	7.00	1	16	32,957.				32,957.	32,957.		0.	32,957.
69	FF&E-WALL CABINETS (2)	09/01/11	SL	5.00	1	16	1,138.				1,138.	1,138.		0.	1,138.
70	FF&E-SHELVING/POT RACKS	09/01/11	SL	5.00	1	16	1,865.				1,865.	1,865.		0.	1,865.
71	FF&E-WIRE SHELVING	11/28/11	SL	5.00	1	16	2,338.				2,338.	2,338.		0.	2,338.
72	FF&E-PANTRY REFRIGERATOR & FREEZER	03/19/12	SL	5.00	1	16	3,868.				3,868.	3,868.		0.	3,868.
73	FF&E-WORK TABLES	05/03/12	SL	7.00	1	16	2,169.				2,169.	2,169.		0.	2,169.
74	FF&E-BLODGET DBL OVEN	08/12/14	SL	8.00	1	16	8,346.				8,346.	8,171.		175.	8,346.
80	FF&E - HOT BOXES	01/19/15	SL	5.00	1	16	13,301.				13,301.	13,301.		0.	13,301.
81	(D)FF&E - ELECTRIC DRYER	06/03/15	SL	7.00	1	16	1,003.				1,003.	1,001.		0.	1,001.
82	(D)FF&E - SURFACE PRO NOTEBOOK	07/23/15	SL	2.00	1	16	1,109.				1,109.	1,108.		0.	1,108.
83	FF&E - TWO LAPTOPS	11/09/15	SL	2.00	1	16	1,556.				1,556.	1,556.		0.	1,556.
88	(D)DELL SERVER	09/22/16	SL	4.00	1	16	1,000.				1,000.	1,000.		0.	1,000.
89	STANDUP DESK	02/13/17	SL	1.00	1	16	547.				547.	547.		0.	547.
90	STANDUP DESKS	03/31/17	SL	1.00	1	16	2,981.				2,981.	2,981.		0.	2,981.
91	REACH IN FRIDGE-FREEZER	08/07/16	SL	7.00	1	16	7,872.				7,872.	6,659.		1,125.	7,784.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No. (Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
92	AUTOMATIC FOOD SLICER	03/19/18	SL	5.00	1	6	6,167.				6,167.	5,343.		824.	6,167.
93	(D)NUTRITION SOFTWARE	10/13/17	SL	1.00	1	6	1,071.				1,071.	1,071.		0.	1,071.
94	(D)MACBOOK PRO LAPTOP	04/04/18	SL	2.00	1	6	1,364.				1,364.	1,364.		0.	1,364.
95	(D)NUTRTION SOFTWARE LICENSE	05/31/18	SL	1.00	1	6	1,285.				1,285.	1,285.		0.	1,285.
100	BLAST CHILLER	10/09/18	SL	7.00	1	6	21,221.				21,221.	10,179.		4,104.	14,283.
101	PANS/EQUIP FOR BLAST CHILLER	10/24/18	SL	2.00	1	6	2,078.				2,078.	2,078.		0.	2,078.
102	(D)PANTRY REFRIGERATOR	10/30/18	SL	5.00	1	6	2,573.				2,573.	1,674.		899.	2,573.
103	FOOD LABELER	12/19/18	SL	2.00	1	6	1,094.				1,094.	1,094.		0.	1,094.
104	HOBART DISHWASHER MODEL CL44EN	03/01/19	SL	7.00	1	6	38,839.				38,839.	18,397.		5,451.	23,848.
105	DELFIELD T14D BLAST CHILLER	03/01/19	SL	7.00	1	6	19,795.				19,795.	9,377.		2,778.	12,155.
106	ELKAY TABLES (X4) MODEL WT36S72	03/01/19	SL	7.00	1	6	4,635.				4,635.	2,152.		662.	2,814.
107	BLAST CHILLER SHEET PANS	03/01/19	SL	2.00	1	6	2,779.				2,779.	2,779.		0.	2,779.
108	DISHWASHING STATION	05/15/19	SL	2.00	1	6	3,432.				3,432.	3,432.		0.	3,432.
109	WASHER/DRYER	05/15/19	SL	2.00	1	6	1,880.				1,880.	1,880.		0.	1,880.
112	WORKSTATION WIRING	12/13/19	SL	1.00	1	6	1,441.				1,441.	1,441.		0.	1,441.
113	ELEC & PLUMBING PANS	06/22/20	SL	5.00	1	6	7,142.				7,142.	2,856.		1,428.	4,284.
114	2 DELL LAPTOPS (RD)	12/04/19	SL	2.00	1	6	1,789.				1,789.	1,789.		0.	1,789.
115	2 DELL WORKSTATIONS	12/04/19	SL	2.00	1	6	3,458.				3,458.	3,458.		0.	3,458.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	ine No. (Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
116	5 DELL WORKSTATIONS	02/15/20	SL	2.00	1	.6	5,297.				5,297.	5,297.		0.	5,297.
117	WORKSTATION-MKT	03/16/20	SL	2.00	1	.6	865.				865.	865.		0.	865.
118	WALK-IN COOLER (POLAR KING)	01/01/20	SL	15.00	1	.6	46,784.				46,784.	18,843.		7,798.	26,641.
119	PRIOR YEARS DEPRECIATION ADJUSTMENTS	12/01/19	SL	5.00	1	.6	1.				1.	1.		0.	1.
	ELECTRICAL PERMITS & DRAWINGS-WALK IN	07/28/20	SL	15.00	1	.6	2,758.				2,758.	554.		184.	738.
121	INSTALL OF WALK IN	09/01/20	SL	15.00	1	.6	2,236.				2,236.	474.		149.	623.
122	ELECTRIC FOR PANTRY	10/27/20	SL	15.00	1	.6	3,926.				3,926.	436.		262.	698.
124	ELECTRICAL	11/11/20	SL	15.00	1	.6	757.				757.	84.		50.	134.
125	WATER HEATER	06/29/21	SL	5.00	1	.6	12,774.				12,774.	2,555.		2,555.	5,110.
126	STEEL WORK TABLES	09/23/20	SL	5.00	1	.6	4,385.				4,385.	1,535.		877.	2,412.
128	DELL WORKSTATIONS	08/16/20	SL	2.00	1	.6	1,752.				1,752.	1,606.		146.	1,752.
129	LENOVO LAPTOPS (2)	10/24/20	SL	2.00	1	.6	2,145.				2,145.	1,788.		357.	2,145.
130	LENOVO LAPTOPS (4)	02/04/21	SL	2.00	1	.6	5,152.				5,152.	3,649.		1,503.	5,152.
131	LENOVO LAPTOP	04/07/21	SL	2.00	1	.6	939.				939.	587.		352.	939.
132	LENOVO LAPTOP	05/22/21	SL	2.00	1	.6	1,122.				1,122.	608.		514.	1,122.
133	BLINDS	06/02/21	SL	5.00	1	.6	6,333.				6,333.	1,373.		4,960.	6,333.
134	DELL COMPUTER	06/16/21	SL	2.00	1	.6	1,499.				1,499.	750.		749.	1,499.
135	(D)FAUCETS-WOMENS UPSTAIRS	09/21/21	SL	2.00	1	.6	1,266.				1,266.	475.		791.	1,266.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
136	COMPUTER-KITCHEN	07/16/21	SL	2.00	1	L6	1,395.				1,395.	639.		698.	1,337.
137	DELL TOUCHSCREEN LAPTOP	08/03/21	SL	2.00	1	L6	1,507.				1,507.	627.		754.	1,381.
138	DELL LAPTOP	08/24/21	SL	2.00	1	L6	1,163.				1,163.	485.		582.	1,067.
139	LAPTOP-ALMA	09/16/21	SL	2.00	1	L6	2,634.				2,634.	988.		1,317.	2,305.
140	TWO DESKTOP COMPUTERS	01/16/22	SL	2.00	1	L6	1,767.				1,767.	368.		884.	1,252.
141	TWO LAPTOPS	02/16/22	SL	2.00	1	L6	3,129.				3,129.	522.		1,565.	2,087.
142	FIREWALL	03/03/22	SL	2.00	1	L6	1,184.				1,184.	148.		592.	740.
143	TWO DESKTOP STATIONS	03/24/22	SL	2.00	1	L6	3,356.				3,356.	420.		1,678.	2,098.
144	THREE CUBICLE WORKSTATIONS W/CHAIRS	04/07/22	SL	2.00	1	L6	6,511.				6,511.	543.		3,256.	3,799.
145	DESKTOP COMPUTER-CAROLINA	05/16/22	SL	2.00	1	L6	1,078.				1,078.	45.		539.	584.
146	STAFF REFRIGERATOR	06/08/22	SL	5.00	1	L6	1,558.				1,558.			312.	312.
147	LAPTOP-ALBERTO	06/21/22	SL	2.00	1	L6	2,674.				2,674.			1,337.	1,337.
148	TWO LAPTOPS	06/30/22	SL	2.00	1	L6	2,888.				2,888.			1,444.	1,444.
156	25 STEEL GAUGE SHELVES	07/01/22	SL	7.00	1	L6	20,148.				20,148.			1,343.	1,343.
157	INDUSTRIAL FOOD PROCESSOR	09/08/22	SL	3.00	1	L6	3,569.				3,569.			892.	892.
158	80 GALLON KETTLE	02/01/23	SL	10.00	1	L6	51,136.				51,136.			2,131.	2,131.
159	WASHER & DRYER-KITCHEN	04/05/23	SL	5.00	1	L 6	1,864.				1,864.			93.	93.
160	LAPTOP-ALBERTO	07/01/22	SL	2.00	1	L6	2,652.				2,652.			1,216.	1,216.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
161	LAPTOPS-AH & NH	08/16/22	SL	2.00	1	L6	3,126.				3,126.			1,303.	1,303.
162	NEW SERVER	11/30/22	SL	5.00	1	L6	12,155.				12,155.			1,418.	1,418.
163	NEW FIREWALL	11/30/22	SL	2.00	1	L6	1,863.				1,863.			543.	543.
164	2 DESKTOP COMPUTERS-FL & JN	01/16/23	SL	2.00	1	L6	3,598.				3,598.			900.	900.
165	NEW PC-JD	04/16/23	SL	2.00	1	L 6	1,246.				1,246.			156.	156.
166	NEW WINDOW SHADES	05/01/23	SL	2.00	1	L6	10,536.				10,536.			878.	878.
167	RD CUBICLE PEDESTALS & WORK SURFACES	05/03/23	SL	3.00	1	L 6	3,179.				3,179.			177.	177.
	* 990 Page 10 Total Furniture & Fixtures						765,602.				765,602.	518,043.		64,701.	582,744.
	Transportation Equipment														
84	VEHICLE-2016 FORD T-150 VAN &TOMMY LIFT	06/28/16	SL	5.00	1	L6	39,735.				39,735.	39,735.		0.	39,735.
168	2022 DODGE RAM PROMASTER 2500	02/01/23	SL	5.00	1	L6	74,677.				74,677.			6,496.	6,496.
	* 990 Page 10 Total Transportation Equipment						114,412.				114,412.	39,735.		6,496.	46,231.
	Land														
79	LAND	09/01/11	L				176,700.				176,700.			0.	
	* 990 Page 10 Total Land						176,700.				176,700.	0.		0.	0.
	Other														
76	INTANGIBLES-MAMASKITCHEN.ORG	01/22/07	197	60 M	НУ4	13	13,761.				13,761.	13,761.		0.	13,761.
77	INTANGIBLES-MAMASPIES.ORG	12/01/10	197	60M	НУ4	13	10,000.				10,000.	10,000.		0.	10,000.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C Lin	e Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
78	LOAN FEES	02/28/11	461	120M	ну43	13,530.				13,530.	13,530.		0.	13,530.
85	INTANGIBLES-MAMASKITCHEN.ORG REDESIGN	03/31/16	197	60M	НУ43	8,415.				8,415.	8,415.		0.	8,415.
110	(D)IOS & ANDROID APP	08/03/18		24M	ну43	2,216.				2,216.	2,216.		0.	2,216.
111	MAMASPIES.ORG REDESIGN	11/01/18		60M	ну43	16,000.				16,000.	11,733.		3,200.	14,933.
149	MAMASPIES.ORG REDESIGN	11/30/21		36 M	ну43	30,600.				30,600.	5,950.		10,200.	16,150.
	* 990 Page 10 Total Other					94,522.				94,522.	65,605.		13,400.	79,005.
	* Grand Total 990 Page 10 Depr & Amort					3,873,016.				3,873,016.	1,630,975.		156,913.	1,787,888.
	Current Year Activity													
	Beginning balance					3,209,198.			0.	3,209,198.	1,627,107.			1,761,796.
	Acquisitions					663,818.			0.	663,818.	0.			22,224.
	Dispositions/Retired					79,761.			0.	79,761.	78,068.			79,758.
	Ending balance					3,793,255.			0.	3,793,255.	1,549,039.			1,704,262.
	Ending accum depr less dispositions										1,704,262.			
	Ending book value										2,088,993.			

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Business or activity to which this form relates

Attachment Sequence No. 179 Identifying number

	MA'S KITCHEN					Page 10		33-0434246
Pa	art Election To Expense Ce	rtain Property Under Section	179 Note: If you h	ave any listed	d property,	, complete Part	V before y	
1	Maximum amount (see instru	ıctions)					1	1,080,000.
2	Total cost of section 179 pro	perty placed in service (se	e instructions)				2	
3	Threshold cost of section 17	9 property before reductio	n in limitation				3	2,700,000.
4	Reduction in limitation. Subtr	ract line 3 from line 2. If zer	o or less, enter -0)-			4	
5	Dollar limitation for tax year. Subtract I	ine 4 from line 1. If zero or less, ente	er -0 If married filing s	eparately, see ins	structions		5	
6	(a) Des	scription of property	(1	b) Cost (business	use only)	(c) Elected (ost	
	Listed property. Enter the an						-	
	Total elected cost of section							
	Tentative deduction. Enter th							_
	Carryover of disallowed dedu							
	Business income limitation.							
	Section 179 expense deduct						12	
	Carryover of disallowed deduce: Don't use Part II or Part III				13			
					otod propo	urts ()		
	Operation 2 operations	on Allowance and Other	•					
	Special depreciation allowan		-			-	44	
		CO(6)(1) alaatiaa						
	Property subject to section 1 Other depreciation (including	4.000)					15	143,513.
		i on (Don't include listed pr	onerty See instr				10	143,313
	Wirter to Bopi coluct	ion (Bon t moidae noted pr	Section					
17	MACRS deductions for asset	ts placed in service in tax y					17	
	If you are electing to group any assets	•					ï	
<u> </u>		3 - Assets Placed in Servi					tion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for dep (business/investin	tment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
	3-year property		<u> </u>					
b								
d								
e								_
f	20-year property							
	05 1				25 yrs.		S/L	
		/			27.5 yrs.	ММ	S/L	
h	Residential rental proper	ty /			27.5 yrs.	MM	S/L	
		/			39 yrs.	ММ	S/L	
i	Nonresidential real prope	erty /				ММ	S/L	
	Section C	- Assets Placed in Servic	e During 2022 Ta	ax Year Usin	g the Alte	rnative Depre	iation Sys	stem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	: 30-year	/			30 yrs.	MM	S/L	
d	l 40-year	/			40 yrs.	MM	S/L	
Pa	art IV Summary (See inst	ructions.)						
21	Listed property. Enter amour	nt from line 28					21	
22	Total. Add amounts from line	e 12, lines 14 through 17, li	nes 19 and 20 in	column (g), a	and line 21.			
	Enter here and on the approp	oriate lines of your return. I	Partnerships and	S corporation	ns - <u>see ins</u>	str	22	143,513.
23			_		. T			
20	For assets shown above and	l placed in service during t	ne current year, e	nter the				

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

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

	Section A -	Depreciation	on and Other	Informa	ation (Ca	ution: S	See the i	nstruc	tions for li	mits for p	passeng	er autor	nobiles.))	
24a	Do you have evidence to s	support the bu	siness/investme	nt use cl	aimed?	Y	es	No	24 b If "Y	es," is th	ne evide	nce writt	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	je ^{ot}	(d) Cost or ther basis		(e) sis for depre siness/inve use only	estment	(f) Recovery period	Met	g) :hod/ ention	Depre	h) eciation uction	Elec sectio	(i) cted in 179 ost
25	Special depreciation allo							_	•						
	used more than 50% in										25				
26	Property used more tha	n 50% in a c	ualified busine	ess use:					ı	1		1			
		1 1		6											
		: :	9	_											
	Duament and E00/ and		9												
21	Property used 50% or le									S/L -					
			9	-						S/L -					
		: :	9	_						S/L -					
28	Add amounts in column	<u> </u>			e and on	line 21	page 1				28				
	Add amounts in column												29		
	7.000 0.1100.1100 111 00.011111	(7),			B - Infor								. ,		
Cor	mplete this section for ve	hicles used								or related	d person	ı. If vou	provided	l vehicles	3
	our employees, first ans										•		•		-
,	your omproyees, mor and	wor and quot		,,, o to	000 ii yoo		ari oxoop	211011110	oompioc	ing tine c		01 111000	101110100		
				((a)	(b)		(c)	(6	d)	(4	e)	(f)
30	Total business/investment	miles driven d	uring the	Vel	hicle	Vel	hicle	V	'ehicle	Veh	icle	Veh	nicle	Veh	
	year (don't include commu	ting miles)													
31	Total commuting miles of	driven during	the year												
32	Total other personal (no	ncommuting	ı) miles												
	driven														
33	Total miles driven during														
	Add lines 30 through 32								_						
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
00	than 5% owner or relate														
36	Is another vehicle availa														
	use?		- Questions f	or Emn	lovore W	ho Dro	vido Vol	l niclos :	for Uso b	y Thoir F	Employe			<u> </u>	
Δns	swer these questions to o			-	-					-			ren't		
	re than 5% owners or rel			Nooptioi	11 10 00111	picting	occion	D 101 V	critolog ac	oca by ci	прюусс	o wilo a i			
	Do you maintain a writte	·		ohibits a	all persor	nal use	of vehicl	es. inc	ludina coi	mmutina	. bv vou	r		Yes	No
	employees?														
38	Do you maintain a writte														
	employees? See the ins	tructions for	vehicles used	by corp	porate of	ficers, c	directors	, or 1%	or more	owners					
39	Do you treat all use of ve	ehicles by er	mployees as p	ersonal	use?										
40	Do you provide more that														
	the use of the vehicles,														
41	Do you meet the require														
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don	't comple	te Sect	ion B fo	the co	overed ve	hicles.					
Pa	art VI Amortization			(1-)	1	/a\		_	(-1)		(-)			(4)	
	(a) Description of	fcosts	Date	(b) amortization		(c) Amortizal	ole		(d) Code		(e) Amortiza	tion	Ar	(f) nortization	
-	Amortization of analysts	at basins il		begins		amoun	τ		section		period or per		fo	r this year	
42	Amortization of costs th	at begins du			ar:							- 1			
				<u>: :</u>	+							+			
43	Amortization of costs th	at hegan ha		tay vea	<u> </u> ar					Stm	t 1	43		13	400.
	Total. Add amounts in o											44			$\frac{100.}{400.}$
	252 12-08-22	, S. (1). O	oo alo aloudu	0110 101	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · opoit							F	orm 456 2	

Form 4562		Part VI	- Amortiza	tion		Sta	tement 1
(a) Description	of Costs	(b) Date Began	(c) Amort. Amount	(d) Code Sect.	(e) Life/ Rate	(f) Accum. Amort.	(g) Amort. this Yr.
MAMASPIES.ORG MAMASPIES.ORG		11/01/18 11/30/21	16,000. 30,600.		60M 36M	11,733. 5,950.	3,200. 10,200.
Total to Form	4562, Line	43					13,400.

- CURRENT YEAR FEDERAL - MAMA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Buildings											
1	BUILDING	090111	SL	30.00	16	656,824.			656,824.	237,221.		21,900.
2	BLDG-GENERAL	090111	SL	30.00	16	1224134.			1224134.	439,586.		40,800.
		090111	SL	10.00	16	110,860.			110,860.	110,860.		0.
	BLDG-FIRE ALARM/SPRINKLER	090111	SL	10.00	16	62,177.			62,177.	62,177.		0.
5	BLDG-ELEVATOR	090111	SL	15.00	16	41,064.			41,064.	29,660.		2,738.
6	BLDG-FLOOR COVERING	090111	SL	5.00	16	30,313.			30,313.	30,313.		0.
	BLDG-FENCING/GATES BLDG-INTRUSION	090111	SL	7.00	16	19,892.			19,892.	19,892.		0.
		090111	SL	7.00	16	12,632.			12,632.	12,632.		0.
9		090111	SL	5.00	16	11,301.			11,301.	11,301.		0.
10	BLDG-LANDSCAPING	090111	SL	7.00	16	8,988.			8,988.	8,988.		0.
11	BLDG-SIGNAGE (D)BLDG-INTERIOR	090111	SL	5.00	16	4,320.			4,320.	4,320.		0.
12		090111	SL	7.00	16	2,313.			2,313.	2,313.		0.
	BLDG-ROLL UP DOOR BLDG-FIRE	090111	SL	5.00	16	1,995.			1,995.	1,995.		0.
		090111	SL	7.00	16	1,500.			1,500.	1,500.		0.
	(D)BLDG-BLINDS BLDG-LOADING DOCK	060112	SL	7.00	16	1,274.			1,274.	1,274.		0.
		110113	SL	15.00	16	16,333.			16,333.	9,438.		1,089.
86	AUTOMATIC GATE	090616	SL	5.00	16	7,900.			7,900.	7,900.		0.

- CURRENT YEAR FEDERAL - MAMA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
87	FRONT DOOR	063017	'SL	5.00	16	7,494.			7,494.	7,494.		0.
		022519	SL	2.00	16	6,716.			6,716.	3,863.		0.
	(D)FAUCETS-MENS UPSTAIRS	061919	SL	2.00	16	1,219.			1,219.	1,219.		0.
		111618	SL	2.00	16	1,794.			1,794.	1,794.		0.
123		103020	SL	15.00	16	16,668.			16,668.	1,852.		1,111.
	NEW VISION GLASS DOOR	070122	SL	12.00	16	1,545.			1,545.			1,159.
151	ALOHA SOLAR PANELS	072622	SL	25.00	16	40,775.			40,775.			1,495.
		022823	SL	30.00	16	85,307.			85,307.			948.
153		042923	SL	10.00	16	10,663.			10,663.			178.
	REMODEL PERMITS & DONATED MATERIALS	060123	SL	30.00	16	323,214.			323,214.			898.
155	PARKING LOT PAVING		SL	20.00	16	12,565.			12,565.			0.
	* 990 Page 10 Total Buildings					2721780.		0.	2721780.	1007592.		72,316.
	Furniture & Fixtures											
17		050703	SL	5.00	16	8,243.			8,243.	8,243.		0.
18		061203	SL	3.00	16	15,420.			15,420.	15,420.		0.
19		062403	SL	5.00	16	1,077.			1,077.	1,077.		0.
20		092803	SL	3.00	16	6,250.			6,250.	6,250.		0.
	FF&E-BLACKBAUD SOFTWARE	010105	SL	3.00	16	8,740.			8,740.	8,740.		0.

- CURRENT YEAR FEDERAL - MAMA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
22	(D)FF&E-DELL COMPUTERS-OPTIPLEX	120405	SL	3.00	16	2,441.			2,441.	2,441.		0.
	FF&E-DONATED					00 040				00 040		
23	MICROSOFT SOFTWARE (D)FF&E-DELL	022807	SL	3.00	16	20,943.			20,943.	20,943.		0.
24		030807	ST	3.00	16	2,046.			2,046.	2,046.		0.
	(D)FF&E-TECHSOUP		_			2,010			2,0100	2,0100		,
25		031307	SL	3.00	16	1,104.			1,104.	1,104.		0.
	(D)FF&E-DONATED											_
		093007	SL	3.00	16	6,500.			6,500.	6,500.		0.
	(D)FF&E-DELL LAPTOP COMPUTERS (3)	041008	CT	3.00	16	5,460.			5,460.	5,460.		0.
4/	(D)FF&E-SMALL BIZ	041008	рп	3.00	10	5,400.			5,400.	5,400.		0.
28	•	010110	SL	5.00	16	6,682.			6,682.	6,682.		0.
	FF&E-OFFICE					,			,	,		
		090111	SL	7.00	16	42,445.			42,445.	42,445.		0.
	FF&E-FILE CABNIETS			- 00	ا ۽ ا	2 222			2 222	2 222		
	(12) FF&E-PROJECTION	090211	SL	5.00	16	3,029.			3,029.	3,029.		0.
		090111	ST.	5.00	16	2,300.			2,300.	2,300.		0.
31	(D)FF&E-REFRIGERATO			3.00		2,500.			2,500.	2,500.		•
32	R/WATER COOLER-VOLU		SL	5.00	16	2,047.			2,047.	2,047.		0.
	(D)FF&E-REFRIGERATO											
		090111	SL	5.00	16	1,453.			1,453.	1,453.		0.
	FF&E-DONATED HP COMPUTERS (5)	060112	CT	3.00	16	5,195.			5,195.	5,195.		0.
	FF&E-CAPITAL	0 60 11 2	рп	3.00	10	5,195.			5,195.	5,195.		0.
		070112	SL	3.00	16	3,400.			3,400.	3,400.		0.
						.,			,	,		
		070112	SL	5.00	16	11,888.			11,888.	11,888.		0.
	FF&E-DONOR ROOM				_					4 0		
	PLAQUES	120112	SL	3.00	16	1,877.			1,877.	1,877.		0.
	FF&E-30 SECOND TV SPOT	120112	ST.	3.00	16	1,550.			1,550.	1,550.		0.
	FF&E-DONATED HP		ш	3.00		1,550.			1,550.	1,550.		•
		060113	SL	3.00	16	3,546.			3,546.	3,546.		0.

- CURRENT YEAR FEDERAL - MAMA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
		060113	SL	3.00	16	829.			829.	829.		0.
	(D)FF&E-DONATED HP PRINTER	060113	SL	3.00	16	997.			997.	997.		0.
	FF&E-FREEZER ENLARGEMENT	010100	SL	10.00	16	1,458.			1,458.	1,458.		0.
	FF&E-FREEZER	060100		10.00		1,459.			1,459.	1,459.		0.
	FF&E-AMANA											
	FF&E-WALK-IN COOLER			10.00		2,685.			2,685.	2,685.		0.
	ENLARGEMENT FF&E-MOVE/INSTALL	122006	SL	10.00	16	3,005.			3,005.	3,005.		0.
49	WALK-IN COOLER @HOM FF&E-AUTOMATIC FOOD		SL	5.00	16	8,326.			8,326.	8,326.		0.
		041508	SL	5.00	16	4,286.			4,286.	4,286.		0.
54	FF&E-FREEZER	121908	SL	7.00	16	2,759.			2,759.	2,759.		0.
	FF&E-KITCHEN TABLES	061209	SL	7.00	16	884.			884.	884.		0.
	FF&E-VULCAN RANGES (2)	090111	SL	10.00	16	15,682.			15,682.	15,682.		0.
		090111	SL	10.00	16	13,353.			13,353.	13,353.		0.
	FF&E-CLEAN DISH TABLE/PRE-RINSE	090111	SL	7.00	16	4,889.			4,889.	4,889.		0.
		090111	SL	10.00	16	1,767.			1,767.	1,767.		0.
	FF&E-SPEC MASTER TABLES (24)	090111	SL	7.00	16	18,685.			18,685.	18,685.		0.
		090111	SL	7.00	16	3,020.			3,020.	3,020.		0.
63		090111	SL	10.00	16	1,169.			1,169.	1,169.		0.
	FF&E-REFRIGERATOR SYSTEM	090111	SL	10.00	16	31,404.			31,404.	31,404.		0.

- CURRENT YEAR FEDERAL - MAMA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FF&E-WALK-IN FREEZER	090111	SL	10.00	16	17,150.			17,150.	17,150.		0.
66	FF&E-WALK-IN COOLER	090111	SL	10.00	16	16,251.			16,251.	16,251.		0.
		090111	SL	10.00	16	1,908.			1,908.	1,908.		0.
68		090111	SL	7.00	16	32,957.			32,957.	32,957.		0.
69		090111	SL	5.00	16	1,138.			1,138.	1,138.		0.
	FF&E-SHELVING/POT RACKS	090111	SL	5.00	16	1,865.			1,865.	1,865.		0.
	FF&E-WIRE SHELVING	112811	SL	5.00	16	2,338.			2,338.	2,338.		0.
	FF&E-PANTRY REFRIGERATOR & FREE	031912	SL	5.00	16	3,868.			3,868.	3,868.		0.
		050312	SL	7.00	16	2,169.			2,169.	2,169.		0.
	FF&E-BLODGET DBL OVEN	081214	SL	8.00	16	8,346.			8,346.	8,171.		175.
80		011915	SL	5.00	16	13,301.			13,301.	13,301.		0.
81		060315	SL	7.00	16	1,003.			1,003.	1,001.		0.
82	(D)FF&E - SURFACE PRO NOTEBOOK	072315	SL	2.00	16	1,109.			1,109.	1,108.		0.
83	FF&E - TWO LAPTOPS	110915	SL	2.00	16	1,556.			1,556.	1,556.		0.
88	(D)DELL SERVER	092216	SL	4.00	16	1,000.			1,000.	1,000.		0.
89	STANDUP DESK	021317	SL	1.00	16	547.			547.	547.		0.
		033117	SL	1.00	16	2,981.			2,981.	2,981.		0.
	REACH IN FRIDGE-FREEZER	080716	SL	7.00	16	7,872.			7,872.	6,659.		1,125.

- CURRENT YEAR FEDERAL - MAMA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
92		031918	SL	5.00	16	6,167.			6,167.	5,343.		824.
93		101317	SL	1.00	16	1,071.			1,071.	1,071.		0.
	(D)MACBOOK PRO LAPTOP	040418	SL	2.00	16	1,364.			1,364.	1,364.		0.
	(D)NUTRTION SOFTWARE LICENSE	053118	SL	1.00	16	1,285.			1,285.	1,285.		0.
		100918	SL	7.00	16	21,221.			21,221.	10,179.		4,104.
		102418	SL	2.00	16	2,078.			2,078.	2,078.		0.
102	(D)PANTRY REFRIGERATOR	103018	SL	5.00	16	2,573.			2,573.	1,674.		899.
		121918	SL	2.00	16	1,094.			1,094.	1,094.		0.
104		030119	SL	7.00	16	38,839.			38,839.	18,397.		5,451.
	DELFIELD T14D BLAST CHILLER	030119	SL	7.00	16	19,795.			19,795.	9,377.		2,778.
	ELKAY TABLES (X4) MODEL WT36S72	030119	SL	7.00	16	4,635.			4,635.	2,152.		662.
	BLAST CHILLER SHEET PANS	030119	SL	2.00	16	2,779.			2,779.	2,779.		0.
108	DISHWASHING STATION	051519	SL	2.00	16	3,432.			3,432.	3,432.		0.
109	WASHER/DRYER	051519	SL	2.00	16	1,880.			1,880.	1,880.		0.
		121319	SL	1.00	16	1,441.			1,441.	1,441.		0.
	ELEC & PLUMBING PANS	062220	SL	5.00	16	7,142.			7,142.	2,856.		1,428.
114	2 DELL LAPTOPS (RD)	120419	SL	2.00	16	1,789.			1,789.	1,789.		0.
115	2 DELL WORKSTATIONS	120419	SL	2.00	16	3,458.			3,458.	3,458.		0.

- CURRENT YEAR FEDERAL - MAMA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
116	5 DELL WORKSTATIONS	021520	SL	2.00	16	5,297.			5,297.	5,297.		0.
		031620	SL	2.00	16	865.			865.	865.		0.
118		010120	SL	15.00	16	46,784.			46,784.	18,843.		7,798.
119	PRIOR YEARS DEPRECIATION ADJUST	120119	SL	5.00	16	1.			1.	1.		0.
	ELECTRICAL PERMITS & DRAWINGS-WALK IN	072820	SL	15.00	16	2,758.			2,758.	554.		184.
121	INSTALL OF WALK IN	090120	SL	15.00	16	2,236.			2,236.	474.		149.
122	ELECTRIC FOR PANTRY	102720	SL	15.00	16	3,926.			3,926.	436.		262.
124	ELECTRICAL	111120	SL	15.00	16	757.			757.	84.		50.
125	WATER HEATER	062921	SL	5.00	16	12,774.			12,774.	2,555.		2,555.
126	STEEL WORK TABLES	092320	SL	5.00	16	4,385.			4,385.	1,535.		877.
128	DELL WORKSTATIONS	081620	SL	2.00	16	1,752.			1,752.	1,606.		146.
129	LENOVO LAPTOPS (2)	102420	SL	2.00	16	2,145.			2,145.	1,788.		357.
130	LENOVO LAPTOPS (4)	020421	SL	2.00	16	5,152.			5,152.	3,649.		1,503.
131	LENOVO LAPTOP	040721	SL	2.00	16	939.			939.	587.		352.
132	LENOVO LAPTOP	052221	SL	2.00	16	1,122.			1,122.	608.		514.
133	BLINDS	060221	SL	5.00	16	6,333.			6,333.	1,373.		4,960.
134		061621	SL	2.00	16	1,499.			1,499.	750.		749.
135	(D)FAUCETS-WOMENS UPSTAIRS	092121	SL	2.00	16	1,266.			1,266.	475.		791.

- CURRENT YEAR FEDERAL - MAMA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
		071621	SL	2.00	16	1,395.			1,395.	639.		698.
	DELL TOUCHSCREEN LAPTOP	080321	SL	2.00	16	1,507.			1,507.	627.		754.
138	DELL LAPTOP	082421	SL	2.00	16	1,163.			1,163.	485.		582.
		091621	SL	2.00	16	2,634.			2,634.	988.		1,317.
	TWO DESKTOP COMPUTERS	011622	SL	2.00	16	1,767.			1,767.	368.		884.
141	TWO LAPTOPS	021622	SL	2.00	16	3,129.			3,129.	522.		1,565.
		030322	SL	2.00	16	1,184.			1,184.	148.		592.
143		032422	SL	2.00	16	3,356.			3,356.	420.		1,678.
144	THREE CUBICLE WORKSTATIONS W/CHAI	040722	SL	2.00	16	6,511.			6,511.	543.		3,256.
	DESKTOP COMPUTER-CAROLINA	051622	SL	2.00	16	1,078.			1,078.	45.		539.
146	STAFF REFRIGERATOR	060822	SL	5.00	16	1,558.			1,558.			312.
147	LAPTOP-ALBERTO	062122	SL	2.00	16	2,674.			2,674.			1,337.
		063022	SL	2.00	16	2,888.			2,888.			1,444.
156		070122	SL	7.00	16	20,148.			20,148.			1,343.
	INDUSTRIAL FOOD PROCESSOR	090822	SL	3.00	16	3,569.			3,569.			892.
		020123	SL	10.00	16	51,136.			51,136.			2,131.
	WASHER & DRYER-KITCHEN	040523	SL	5.00	16	1,864.			1,864.			93.
160	LAPTOP-ALBERTO	070122	SL	2.00	16	2,652.			2,652.			1,216.

- CURRENT YEAR FEDERAL - MAMA'S KITCHEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
161	LAPTOPS-AH & NH	081622	SL	2.00	16	3,126.			3,126.			1,303.
162	NEW SERVER	113022	SL	5.00	16	12,155.			12,155.			1,418.
		113022	SL	2.00	16	1,863.			1,863.			543.
	2 DESKTOP COMPUTERS-FL & JN	011623	SL	2.00	16	3,598.			3,598.			900.
165	NEW PC-JD	041623	SL	2.00	16	1,246.			1,246.			156.
	NEW WINDOW SHADES RD CUBICLE	050123	SL	2.00	16	10,536.			10,536.			878.
167	PEDESTALS & WORK SU		SL	3.00	16	3,179.			3,179.			177.
	* 990 Page 10 Total Furniture & Fixtur Transportation					765,602.		0.	765,602.	518,043.		64,701.
	Fransportation Equipment VEHICLE-2016 FORD											
84	T-150 VAN &TOMMY LI 2022 DODGE RAM	062816	SL	5.00	16	39,735.			39,735.	39,735.		0.
	PROMASTER 2500	020123	SL	5.00	16	74,677.			74,677.			6,496.
	* 990 Page 10 Total Transportation Equ					114,412.		0.	114,412.	39,735.		6,496.
	Land											
		090111	ь			176,700.			176,700.			0.
	* 990 Page 10 Total Land					176,700.		0.	176,700.	0.		0.
	Other											
76		012207	197	60м	43	13,761.			13,761.	13,761.		0.
	INTANGIBLES-MAMASPI ES.ORG	120110	197	60м	43	10,000.			10,000.	10,000.		0.

- CURRENT YEAR FEDERAL - MAMA'S KITCHEN

Asset No.	Description	Date Acquir		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
		0228	11	461	120M	4 3	13,530.			13,530.	13,530.		0.
85	INTANGIBLES-MAMASKI TCHEN.ORG REDESIGN		16	197	60M	43	8,415.			8,415.	8,415.		0.
110		0803	18		24M	43	2,216.			2,216.	2,216.		0.
111		1101	18		60M	43	16,000.			16,000.	11,733.		3,200.
		1130	21		36M	43	30,600.			30,600.	5,950.		10,200.
	* 990 Page 10 Total						94,522.		0.	94,522.	65,605.		13,400.
	* Grand Total 990 Page 10 Depr & Amor						3873016.		0.	3873016.	1630975.		156,913.
	Current Year Activity												
	Beginning balance						3209198.		0.	3209198.	1627107.		
	Acquisitions						663,818.		0.	663,818.	0.		
	Dispositions						79,761.		0.	79,761.	78,068.		
	Ending balance						3793255.		0.	3793255.	1549039.		

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	Buildings								
	BUILDING	09011			656,824.		656,824.		
		09011			1224134.		1224134.		
		09011			110,860.		110,860.		
		09011		10.00			62,177.		
		09011		15.00	•		41,064.		2,738.
		09011		5.00	30,313.		30,313.		0.
		09011		7.00	19,892.		19,892.		0.
		09011		7.00	12,632.		12,632.		0.
		09011		7.00	8,988.		8,988.		0.
	BLDG-SIGNAGE	09011		5.00	4,320.		4,320.		0.
	BLDG-ROLL UP DOOR	09011		5.00	1,995.		1,995.		0.
	BLDG-FIRE EXTINGUISHERS (5)	09011		7.00	1,500.		1,500.		
	BLDG-LOADING DOCK COVER	11011		15.00	•		16,333.		1,089.
	AUTOMATIC GATE	09061		5.00	7,900.		7,900.	•	0.
	FRONT DOOR	06301		5.00	7,494.		7,494.		0.
	KITCHEN ELECTRICAL	02251		2.00	6,716.		6,716.		0.
	LOBBY SIGN	11 16 1		2.00	1,794.		1,794.	•	
	BUILDING IMPROVEMENTS	10 30 2		15.00			16,668.		
	NEW VISION GLASS DOOR	07012		12.00			1,545.		129.
	ALOHA SOLAR PANELS	07262	2 SL	25.00			40,775.		1,631.
	TOP FLOOR REMODEL	02282	3SL	30.00			85,307.		2,844.
		04292		10.00			10,663.		1,066.
		06012		30.00	•		323,214.	898.	10,774.
155	PARKING LOT PAVING	06 17 2	3 SL	20.00	•		12,565.		628.
	* 990 Page 10 Total Buildings				2705673.		2705673.	1063801.	84,708.
	Furniture & Fixtures								
18	FF&E-RAISERS EDGE SOFTWARE	06 12 0	3SL	3.00	15,420.		15,420.		0.
		09280		3.00	6,250.		6,250.		0.
	FF&E-BLACKBAUD SOFTWARE	01010	5SL	3.00	8,740.		8,740.		0.
	FF&E-DONATED MICROSOFT SOFTWARE	02280	7SL	3.00	20,943.		20,943.	20,943.	0.
	FF&E-OFFICE FURNITURE BMS	09011	1SL	7.00	42,445.		42,445.	42,445.	0.
		09021		5.00	3,029.		3,029.	3,029.	0.
31	FF&E-PROJECTION SCREEN-CONF ROOM	09011	1SL	5.00	2,300.		2,300.	2,300.	0.

⁽D) - Asset disposed

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

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
34	FF&E-DONATED HP COMPUTERS (5)	060112		3.00	5,195.		5,195.	5,195.	0.
35	FF&E-CAPITAL CAMPAIGN VIDEO	070112		3.00	3,400.		3,400.	3,400.	0.
37	FF&E-DONOR ROOM PLAQUES	120112		3.00	1,877.		1,877.	1,877.	0.
38	FF&E-30 SECOND TV SPOT	120112		3.00	1,550.		1,550.	1,550.	0.
39	FF&E-DONATED HP COMPUTERS (3)	060113		3.00	3,546.		3,546.	3,546.	0.
42	FF&E-FREEZER ENLARGEMENT	010100		10.00	1,458.		1,458.	1,458.	0.
43	FF&E-FREEZER ENLARGEMENT	060100		10.00	1,459.		1,459.	1,459.	0.
44	FF&E-AMANA RC27S/MICROWAVE	060103		10.00			2,685.	2,685.	0.
48	FF&E-WALK-IN COOLER ENLARGEMENT	122006	SL	10.00	3,005.		3,005.	3,005.	0.
	FF&E-MOVE/INSTALL WALK-IN COOLER								
49	@HOME	090111		5.00	8,326.		8,326.		0.
51	FF&E-AUTOMATIC FOOD SLICER	041508		5.00			4,286.		
54	FF&E-FREEZER	12 19 08		7.00	2,759.		2,759.		
	FF&E-KITCHEN TABLES	061209		7.00	884.		884.	884.	0.
	FF&E-VULCAN RANGES (2)	090111		10.00	•		15,682.	15,682.	0.
	FF&E-GAS KETTLE	090111		10.00			13,353.		
	FF&E-CLEAN DISH TABLE/PRE-RINSE	090111		7.00	4,889.		4,889.		
60	FF&E-FLOOR TROUGH	090111		10.00			1,767.		0.
	FF&E-SPEC MASTER TABLES (24)	090111		7.00	18,685.		18,685.		0.
	FF&E-PREP TABLE	090111		7.00	3,020.		3,020.		0.
	FF&E-AMANA MICROWAVE	090111		10.00			1,169.		0.
	FF&E-REFRIGERATOR SYSTEM	090111		10.00			31,404.		0.
65	FF&E-WALK-IN FREEZER	090111		10.00			17,150.	17,150.	0.
	FF&E-WALK-IN COOLER	090111		10.00			16,251.	16,251.	0.
	FF&E-AIR CURTAINS	090111		10.00	•		1,908.	1,908.	0.
	FF&E-HOODS/FIRE SYSTEM	090111		7.00	32,957.		32,957.	32,957.	0.
	FF&E-WALL CABINETS (2)	090111		5.00	1,138.		1,138.	1,138.	0.
	FF&E-SHELVING/POT RACKS	090111		5.00	1,865.		1,865.	1,865.	0.
	FF&E-WIRE SHELVING	112811		5.00	2,338.		2,338.	2,338.	0.
	FF&E-PANTRY REFRIGERATOR & FREEZER	031912	SL	5.00	3,868.		3,868.	3,868.	0.
	FF&E-WORK TABLES	050312		7.00	2,169.		2,169.	2,169.	0.
	FF&E-BLODGET DBL OVEN	081214		8.00	8,346.		8,346.	8,346.	0.
	FF&E - HOT BOXES	011915		5.00	13,301.		13,301.	13,301.	0.
83	FF&E - TWO LAPTOPS	110915	SL	2.00	1,556.		1,556.	1,556.	0.

⁽D) - Asset disposed

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

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	STANDUP DESK	02 13 17		1.00	547.		547.	547.	0.
		03311		1.00	2,981.		2,981.		0.
		080716		7.00	7,872.		7,872.		88.
92		03 19 18		5.00	6,167.		6,167.		0.
		100918		7.00	21,221.		21,221.		
		102418		2.00	2,078.		2,078.		
		12 19 18		2.00	1,094.		1,094.		
104		030119		7.00	38,839.		38,839.		
		030119		7.00	19,795.		19,795.	12,155.	
		030119		7.00	4,635.		4,635.		
		03 01 19		2.00	2,779.		2,779.		0.
		05 15 19		2.00	3,432.		3,432.		0.
	· ·	05 15 19		2.00	1,880.		1,880.	1,880.	0.
	WORKSTATION WIRING	12 13 19		1.00	1,441.		1,441.		0.
		06 22 20		5.00	7,142.		7,142.		1,428.
	2 DELL LAPTOPS (RD)	120419		2.00	1,789.		1,789.	1,789.	0.
	2 DELL WORKSTATIONS	120419		2.00	3,458.		3,458.		0.
	5 DELL WORKSTATIONS	02 15 20		2.00	5,297.		5,297.		0.
117		03 16 20		2.00	865.		865.	865.	0.
	·	01 01 20		15.00	46,784.		46,784.	26,641.	3,119.
119	PRIOR YEARS DEPRECIATION ADJUSTMENTS	120119	SL	5.00	1.		1.	1.	0.
	ELECTRICAL PERMITS & DRAWINGS-WALK								
120		07 28 20		15.00			2,758.	738.	184.
		090120		15.00			2,236.	623.	149.
	ELECTRIC FOR PANTRY	102720		15.00			3,926.	698.	262.
		11 11 20		15.00			757.	134.	50.
		062923		5.00	12,774.		12,774.	5,110.	2,555.
		092320		5.00	4,385.		4,385.	2,412.	877.
128		08 16 20		2.00	1,752.		1,752.	1,752.	0.
	LENOVO LAPTOPS (2)	102420	SL	2.00	2,145.		2,145.	2,145.	0.
	LENOVO LAPTOPS (4)	020423	LSL	2.00	5,152.		5,152.	5,152.	0.
_		040723		2.00	939.		939.	939.	0.
		05 22 23		2.00	1,122.		1,122.	1,122.	0.
133	BLINDS	06022	LSL	5.00	6,333.		6,333.	6,333.	0.

⁽D) - Asset disposed

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

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
134	DELL COMPUTER	06 16 21		2.00	1,499.		1,499.	1,499.	0.
136	COMPUTER-KITCHEN	071621		2.00	1,395.		1,395.	1,337.	58.
137	DELL TOUCHSCREEN LAPTOP	080321		2.00	1,507.		1,507.		126.
138	DELL LAPTOP	082421	SL	2.00	1,163.		1,163.	1,067.	96.
139	LAPTOP-ALMA	09 16 21		2.00	2,634.		2,634.	2,305.	329.
140	TWO DESKTOP COMPUTERS	01 16 22		2.00	1,767.		1,767.	1,252.	515.
141	TWO LAPTOPS	02 16 22		2.00	3,129.		3,129.		1,042.
	FIREWALL	030322		2.00	1,184.		1,184.		444.
143	TWO DESKTOP STATIONS	032422		2.00	3,356.		3,356.	2,098.	1,258.
144	THREE CUBICLE WORKSTATIONS W/CHAIRS	040722		2.00	6,511.		6,511.		2,712.
145	DESKTOP COMPUTER-CAROLINA	05 16 22		2.00	1,078.		1,078.		494.
	STAFF REFRIGERATOR	060822		5.00	1,558.		1,558.		312.
	LAPTOP-ALBERTO	06 21 22		2.00	2,674.		2,674.		1,337.
	TWO LAPTOPS	063022	SL	2.00	2,888.		2,888.		1,444.
	25 STEEL GAUGE SHELVES	070122		7.00	20,148.		20,148.		2,878.
	INDUSTRIAL FOOD PROCESSOR	090822		3.00	3,569.		3,569.		1,190.
	80 GALLON KETTLE	020123		10.00			51,136.	2,131.	5,114.
	WASHER & DRYER-KITCHEN	040523		5.00	1,864.		1,864.	93.	373.
	LAPTOP-ALBERTO	07 01 22		2.00	2,652.		2,652.	1,216.	1,326.
	LAPTOPS-AH & NH	081622	SL	2.00	3,126.		3,126.		1,563.
	NEW SERVER	11 30 22		5.00	12,155.		12,155.	1,418.	2,431.
	NEW FIREWALL	113022	SL	2.00	1,863.		1,863.	543.	932.
		011623	SL	2.00	3,598.		3,598.	900.	1,799.
	NEW PC-JD	041623		2.00	1,246.		1,246.		623.
	NEW WINDOW SHADES	05 01 23		2.00	10,536.		10,536.	878.	5,268.
167	RD CUBICLE PEDESTALS & WORK SURFACES	05 03 23	SL	3.00	3,179.		3,179.	177.	1,060.
	* 990 Page 10 Total Furniture &								
	Fixtures				704,164.		704,164.	521,309.	55,506.
	Transportation Equipment								
	VEHICLE-2016 FORD T-150 VAN &TOMMY								
		06 28 16		5.00	39,735.		39,735.		0.
168		020123	SL	5.00	74,677.		74,677.	6,496.	14,935.
	* 990 Page 10 Total Transportation								
	Equipment				114,412.		114,412.	46,231.	14,935.

⁽D) - Asset disposed

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

- NEXT YEAR FEDERAL -

MAMA'S KITCHEN

Asset No.	Description		ate uired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	Land									
	LAND	10 9 C	111	L		176,700.		176,700.		0.
	* 990 Page 10 Total Land					176,700.		176,700.	0.	0.
	Other			105	6024	12 561		12 861	12 861	
	INTANGIBLES-MAMASKITCHEN.ORG				60M	13,761.		13,761.		0.
	INTANGIBLES-MAMASPIES.ORG				60M	10,000.		10,000.		0.
	LOAN FEES		ярт	461	120M	13,530.		13,530.	13,530.	0.
	INTANGIBLES-MAMASKITCHEN.ORG REDESIGN	0 2 2	1116	197	60M	8,415.		8,415.	8,415.	0.
	MAMASPIES.ORG REDESIGN	110	118	19/	60M	16,000.		16,000.		
	MAMASPIES.ORG REDESIGN	1 1 2	021		36M	30,600.		30,600.		
149	* 990 Page 10 Total Other	1 1 -			OM	92,306.		92,306.		11,267.
	* Grand Total 990 Page 10 Depr &					JZ, 300 •		JZ, 300 •	10,105.	11,207
	Amort					3793255.		3793255.	1708130.	166,416.
	IMOI C					3733233.		3733233.	1700130.	100,410.

TAXABLE YEAR

California Exempt Organization Annual Information Return

228941 01-10-23 FORM

202	Annual Informatio	n Return							19	9
Calendar Yea	r 2022 or fiscal year beginning (mm/dd/yyyy)	07/01/2	022	, and	ending (mm/dd/yyy	/y)	06	5/30/2023	-
Corporation/Or	ganization name					Cali	fornia corp	oration	number	
MAMA!C	KITCHEN						1570	256	•	
	mation. See instructions.					FE		250	1	
, taatiiona, iiio							33-0	434	246	
Street address	suite or room)						PMB no.			
3960 E	OME AVENUE									
City						State	ZIP code			
SAN DI	<u> </u>					CA	9210			
Foreign country	name	Foreign province/state/	/county				Foreign p	ostal co	ode	
A First retu	ırn	Yes X No	I Did the	organiza	ition have	any chan	nee to ite	nuidel	lings	
B Amende		Yes X No								X No
C IRC Sect	ion 4947(a)(1) trust	Yes X No								
D Final info	ormation return?								• Yes	X No
•	Dissolved Surrendered (Withdrawn) Mer	rged/Reorganized							•	X No
	: (mm/dd/yyyy)	(a)	-		•	eceipts fro			· -	.
	ecounting method: (1) Cash (2) Accrual eturn filed? (1) 990T(2) 990F(3)								• Yes	X No
	Other 990 series	Sch H (990)				Form 100 c			• Yes	X No
	group filing? See instructions	Yes X No	N Is the (organizati	on undei	audit by t	he IRS or	has th	ie	
	ganization in a group exemption	Yes X No								X No
If "Yes,"	what is the parent's name?		0 Is feder	ral Form	1023/10	24 pending	?			X No
			Date fil	ed with If	RS					
Part I	Complete Part I unless not required to file this forn	m. See General Info	ormation R	and C						
	1 Gross sales or receipts from other sources.						•	1	2,036,	608lnn
	2 Gross dues and assessments from members							2		00
	3 Gross contributions, gifts, grants, and simila							3	5,348,	852 00
Receipts	4 Total gross receipts for filing requirement tes				i	STMT	2			
and	This line must be completed. If the result is				ation B			4	7,385,	460 ₀₀
Revenues	5 Cost of goods sold			5 6	1	820,9	67 00			
	6 Cost or other basis, and sales expenses of a 7 Total costs. Add line 5 and line 6	SSETS SOID		0				7	1,820,	96700
	8 Total gross income. Subtract line 7 from line	 e 4						8	5,564,	
	9 Total expenses and disbursements. From Signature							9	5,527,	858 00
Expenses	10 Excess of receipts over expenses and disbur	rsements. Subtract I	line 9 from	line 8 .			•	10	36,	635 00
	11 Total payments						•	11		00
								12		00
Filing Fee	13 Payments balance. If line 11 is more than lin14 Use tax balance. If line 12 is more than line 1							13 14		00
rilling ree	14 Use tax balance. If line 12 is more than line 1 line 12 is more than line 1 line 12 is more than line 1							15		00
	16 Balance due. Add line 12 and line 15. Then	subtract line 11 fror	m the resul	lt				16		00
C:an	Under penalties of perjury, I declare that I have examined the it is true, correct, and complete. Declaration of preparer (other)	his return, including acc	companying s	schedules	and stater	nents, and to	the best o	if my kn dge.	owledge and belief,	
Sign Here	Signature	i	Title			Date			● Telephone	
	Signature of officer		CHIE	F EXI	ECUT.	IV			● PTIN	
	Preparer's JASON C. GUTZMER		ľ		09/2	Check	if nployed		P01204162	
Paid				04/0	J	4 3611-611	iipioyed	•	● Firm's FEIN	
Preparer's	Firm's name (or yours, LING & BOUMAN CPA	A'S, LLP							81-459083	6
Use Only	employed) 4669 MURPHY CANYO	ON ROAD,	STE 1	L30					Telephone	
	and address SAN DIEGO, CA 921							_	(858)467-	4770
	May the FTB discuss this return with the preparer	shown above? See	instruction	ıs			• X	Yes	No	

228951 01-10-23

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

		1	Gross sales or receipts from all	business	activities.	. See instru	ctions					1		81,33	9 00
		2	Interest									2			00
			Dividends									3		200,54	00 0
Receipt	s		Gross rents								_	4			00
from		5	Gross royalties								•	5			00
Other		6	Gross amount received from sa	le of asse	ets (See in	structions)			STA	TEMENT	3•	6		1,754,72	9 00
Sources	3		Other income								······ •	7			00
			Total gross sales or receipts fro				-					8	+	2,036,60	8 00
		9	Contributions, gifts, grants, and	similar a	amounts p	aid						9	_		00
		10	Disbursements to or for member	ers								10	_	406 65	00
		11	Compensation of officers, direct	tors, and	trustees				SEE STA	TEMENT.	.4●	11		426,67	
_	- 1		Other salaries and wages									12	_	1,558,09	4 00
Expense	es		Interest									13	+	150 00	00
and			Taxes									14	+	152,88	
Disburs	e-	15	Rents								······· •	15	+	202,87	
ments		16	Depreciation and depletion (See	instructi	ions)				מתים מתים	m tawa tawa	•	16		156,91	
		17	Other expenses and disburseme	ents					PEE STA	T.FMFW.T.	•	17	┼	3,030,41	. D 00
Sche	dula		Total expenses and disburseme Balance Sheet	ents. Add		eginning of			d on Side 1, Pa	ırt i, iine 9		18	<u> </u> xable	5,527,85	00
Assets	uuie	, L	Dalalice Officet	1	(a)	egilliling of	lanabi	.))	(c		01 14	Audic	(d)	
1 Cas	h				(α)) 52,489		,		•	666,	924
			receivable						752,405						
			eivable										•		
									93,312				•	165,	105
			tate government obligations						,				•		
			n other bonds										•		
			n stock					7,8	351,833				•	8,178,	126
8 Moi									-				•		
			nents STMT 6						18,103				•	18,	632
10 a D)epre	ciable	e assets		2,93	7,976				3,5	24,2	49			
b L	ess a	accun	nulated depreciation	(1	.,561	,502)		1,3	376,474	(1,63	1,34	1)		1,892,	908
11 Lan	d								76,700				•	176,	700
12 Oth	er as	sets	STMT 7						393,627				•	1,389,	620
13 Tot	al as	sets						11,9	62,538					12,488,	015
Liabiliti	es ar	nd ne	t worth												
			able					2	225,032				•	281,	795
			, gifts, or grants payable										•		
			otes payable										•		
			ıyable										•		
18 Oth															
			or principal fund										•		
			al surplus. Attach reconciliation					11 5	127 506				•	12,206,	220
			ings or income fund					11 0	737,506 962,538					12,488,	
Sche			es and net worth	por boo	ko with in	00000000			702,330					12,400,	013
SCHE	uuie	2 IVI	Do not complete this sche					ne 13. col	umn (d), is les	s than \$50.000.					
1 Net	incor	me n	er books		•				, ,.	on books this y					
2 Fed					•	= 1		-1		is return. Attach		e *	•	432,	741
			oital losses over capital gains		•			-		s return not cha				/	
			ecorded on books this year.	·····				1	ainst book inco		J =				
		chedu			•					S	TMT	10	•	156,	913
			orded on books this year not					9 To	tal. Add line 7 a	and line 8				589,	
			his return. Attach schedule	.* ·	•	157,	575	10 Ne	t income per re						
			e 1 through line 5	_		626,	289	Su	btract line 9 fro			<u></u>		36,	635
					*	SEE	CTTA	TEME	יחזאי						_

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3652224

CA 199	Cash Contributions Included on Part I, Line 3	St	atement 1
Contributor's Name	Contributor's Address	Date of Gift	Amount
TAKEDA	500 KENDALL ST CAMBRIDGE, MA 02142		370,000.
ESTATE OF BARBARA FRIIS-PETTITT	3960 HOME AVENUE SAN DIEGO, CA 92105		329,918.
BENTIVOGLIO FAMILY FUND	3960 HOME AVENUE SAN DIEGO, CA 92105		250,000.
SAN DIEGO FOUNDATION	250 HISTORIC DECATUR RD., STE 200 SAN DIEGO, CA 92106		224,143.
Total included on line 3			1,174,061.

CA 199	NonCash Contribution Included on Part I,		Statement 2							
Contributor's Name	Contributor's	Address								
MARS CONSTRUCTION		10531 4S COMMONS DR, #166, SUITE 450 SAN DIEGO, CA 92127								
Property Description	Date of Gift	FMV of Gift	Total Amount							
BUILDING IMPROVEMENTS AND REPAIRS		322,708.	322,708.							
Total included on line 3		322,708.	322,708.							

MAMA'S KITCHEN 33-0434246

CA 199	Gross	Amount f	rom Sa	le of As	sets		S	tatement 3
Description			_	ate uired	Dat Sol	_		thod uired
				 .			Pur	chased
			st or Basis	Depre	c.	Exper of Sa		Gross Sales Price
		1,82	20,967.		0.		0.	1,754,729.
Total to For	rm 199, Page 2, ln	6 1,82	20,967.		0.		0.	1,754,729.
CA 199	Compensation of (Officers	, Direc	tors and	Trus	stees	S	tatement 4
Name and Add	lress		Avera	Title a ge Hrs W		l/Wk	(Compensation
ALBERTO CORT 3960 HOME AV SAN DIEGO, C	/ENUE		CHIEF	EXECUTI 40.00	VE OF	FFICER	-	209,711.
ANDREW PICAR 3960 HOME AV SAN DIEGO, C	/ENUE		CHIEF	OPERATI 40.00	NG OF	FFICER		107,068.
KELLY SHERLO 3960 HOME AV SAN DIEGO, O	ENUE		CHIEF	FINANCI 40.00	AL OF	FFICER		109,900.
THOMAS KWAN 3960 HOME AV SAN DIEGO, C			PRESI	DENT 2.00				0.
CARON CALABE 3960 HOME AV SAN DIEGO, C	/ENUE		PRESI	DENT ELE 2.00	СТ			0.
JEANNIE POSN 3960 HOME AV SAN DIEGO, C	/ENUE		TREAS	URER 2.00				0.
MIKE HORN 3960 HOME AV	/ENUE		SECRE	TARY 2.00				0.

SAN DIEGO, CA 92105

MAMA'S KITCHEN		33-0434246
CHIARA LEROY 3960 HOME AVENUE SAN DIEGO, CA 92105	VICE PRESIDENT 2.00	0.
RICHARD MOORE 3960 HOME AVENUE SAN DIEGO, CA 92105	MEMBER AT LARGE 2.00	0.
JIM BLEVINS 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTOR 2.00	0.
CARY BERNER 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTOR 2.00	0.
JENNIFER GRODBERG 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTOR 2.00	0.
APRIL HEINZE 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTOR 2.00	0.
FADOUA CHAFIK 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTOR 2.00	0.
JACQUELINE UNG 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTOR 2.00	0.
CHARLES MELTZER 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTOR 2.00	0.
JULIA JAFFE 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTOR 2.00	0.
JEFF ROBERS 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTOR 2.00	0.
ANDREW ROSENBERG 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTOR 2.00	0.
VIC SALAZAR 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTOR 2.00	0.

MAMA'S KITCHEN			33-0434246
JENNIFER TUTEUR 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTO	OR 2.00	0.
JAMIE YORK 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTO	OR 2.00	0.
KALI MISTRY 3960 HOME AVENUE SAN DIEGO, CA 92105	DIRECTO	OR 2.00	0.
Total to Form 199, Part II, line	e 11		426,679.
CA 199	Other Expense	es	Statement 5
Description			Amount
FOOD COSTS CLIENT EXPENSE SUPPLIES BANK FEES Direct expenses of fundraising expension plan contributions Other employee benefits Investment management fees Other professional fees Advertising and promotion Office expenses Information technology Insurance All other expenses Total to Form 199, Part II, line			2,222,968. 46,515. 40,383. 36,399. 102,646. 16,458. 109,188. 52,636. 44,556. 78,933. 28,517. 108,396. 67,086. 75,734.
CA 199	Other Investme	ents	Statement 6
Description		Beg. of Year	End of Year
SAN DIEGO FOUNDATION ENDOWMENT I	FUND	18,103.	18,632.
Total to Form 199, Schedule L,	ine 0	18,103.	18,632.

MAMA'S KITCHEN 33-0434246

CA 199 Other Assets		Statement 7
Description	Beg. of Year	End of Year
DONATED ARTWORK DEPOSITS	135,068. 154,736.	135,068. 118,490.
Pledges and Grants Receivable Prepaid Expenses and Deferred Charges Intangible Assets	1,032,436. 46,737. 24,650.	1,075,228. 46,384. 14,450.
Total to Form 199, Schedule L, line 12	1,393,627.	1,389,620.
CA 199 Expenses Recorded on Book Not Deducted in this		Statement 8
Description		Amount
Depreciation		157,575.
Total to Form 199, Schedule M-1, line 5		157,575.
CA 199 Income Recorded on Books Not Included in this	this Year	at a transaction of
Not included in this		Statement 9
Description		Amount
Description		Amount
Description UNREALIZED INVESTMENT GAIN/LOSS	Return Not Charged	Amount 432,741.
Description UNREALIZED INVESTMENT GAIN/LOSS Total to Form 199, Schedule M-1, line 7 CA 199 Deductions in this Return	Return Not Charged	Amount 432,741. 432,741.
Description UNREALIZED INVESTMENT GAIN/LOSS Total to Form 199, Schedule M-1, line 7 CA 199 Deductions in this Return Against Book Income t	Return Not Charged	Amount 432,741. 432,741. Statement 10

Corporation Depreciation and Amortization

CALIFORNIA FORM

FORM 199 Attach to Form 100 or Form 100W. FEIN 33-0434246 Corporation name California corporation number MAMA'S KITCHEN 1570256 Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-(a) Description of property (b) Cost (business use only) 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from prior taxable years 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (f) Life or (b) (c) (d) (g) Depreciation (e) (h) Description of property Date acquired Depreciation allowed or Cost or Additional Depreciation for this year (mm/dd/yyyy) other basis rate first year depreciation allowable in earlier years 1,561,502. SEE STATEMENT 11 3,778,494. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 143,513 See instructions for line 14, column (h) Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) 143,513 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation 0 amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (e) R&TC (a) Description of property (b) (d) (g) (c) Date acquired Cost or Amortization allowed or Period or Amortization Section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions SEE STATEMENT 12 94,522. 65,605. 13,400 20 Total. Add the amounts in column (g) 20 13,400 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

CA 3885			Depre	Statement		11			
Asset Descr	No./ iption	Date in Service	Cost or Basis	Prior Depr	Method	Life	Depre- ciation	Bon	us
1	BUILDING								
2	BLDG-GENERA	09/01/11 L	656,824.	237,221.	SL	30.00	21,900.		
		09/01/11	1,224,134.	439,586.	SL	30.00	40,800.		
	BLDG-HVAC	09/01/11	110,860.	110,860.	SL	10.00	0.		
4	BLDG-FIRE A	LARM/SPRIN 09/01/11		62,177.	QT.	10.00	0.		
5	BLDG-ELEVAT		02,177.	02,177.	рц				
c	DIDG ELOOD	09/01/11	41,064.	29,660.	SL	15.00	2,738.		
0	BLDG-FLOOR	09/01/11	30,313.	30,313.	SL	5.00	0.		
7	BLDG-FENCIN	•	10 000	10 000	CT.	7 00	0		
8	BLDG-INTRUS	09/01/11 ION SYSTEM	19,892.	19,892.	SL	7.00	0.		
•		09/01/11	12,632.	12,632.	SL	7.00	0.		
9	BLDG-PHONE	SYSTEM 09/01/11	11,301.	11,301.	SL	5.00	0.		
10	BLDG-LANDSC	APING	-	-					
11	BLDG-SIGNAG	09/01/11 E	8,988.	8,988.	SL	7.00	0.		
		09/01/11	4,320.	4,320.	SL	5.00	0.		
12	BLDG-INTERI	OR WINDOW ' 09/01/11	FREATMENT 2,313.	2,313.	ST.	7.00	0.		
13	BLDG-ROLL U	P DOOR	-	-					
1 /	BLDG-FIRE E	09/01/11	1,995 . RS (5)	1,995.	SL	5.00	0.		
7.4	DDDG-FIRE E	09/01/11	1,500.	1,500.	SL	7.00	0.		
15	BLDG-BLINDS	06/01/12	1 274	1 274	CT.	7 00	0		
16	BLDG-LOADIN	• •	1,274. ER	1,274.	ΣП	7.00	0.		
4.5		11/01/13	16,333.	9,438.	SL	15.00	1,089.		
17	FF&E-MINOLT	A COPIER D. 05/07/03		8,243.	SL	5.00	0.		
18	FF&E-RAISER	S EDGE SOF	TWARE						
19	FF&E-HP LAS	06/12/03 ER JET PRII	15,420. NTER	15,420.	SL	3.00	0.		
		06/24/03	1,077.	1,077.	SL	5.00	0.		
20	FF&E-MEALSE	RVICE SOFT	WARE 6,250.	6,250.	ST.	3.00	0.		
21	FF&E-BLACKB	AUD SOFTWAI	RE	-					
22	FF&F-DFI.T. C	01/01/05 OMPHTERS-O	8,740. PTIPLEX 170L	-	SL	3.00	0.		
		12/04/05	2,441.	2,441.	SL	3.00	0.		
23	FF&E-DONATE			20 042	CT	3.00	0		
		02/28/07	20,943.	20,943.	рп	3.00	0.		

MAM	A'S KITCHEN				33-0434246
24	FF&E-DELL COMPUTERS (3)				
	03/08/07 2,046. 2,0	46.	SL	3.00	0.
25	FF&E-TECHSOUP COMPUTER SOFTWARE				
26	03/13/07 1,104. 1,1	04.	SL	3.00	0.
⊿0	FF&E-DONATED COPIER - BIZHUB 09/30/07 6,500. 6,5	0.0	QT.	3.00	0.
27	FF&E-DELL LAPTOP COMPUTERS (3)	•	БП	3.00	•
		60.	SL	3.00	0.
28	FF&E-SMALL BIZ COMPUTER SERVER				
20	01/01/10 6,682. 6,6	82.	SL	5.00	0.
49	FF&E-OFFICE FURNITURE BMS 09/01/11 42,445. 42,4	15	QT.	7.00	0.
30	FF&E-FILE CABNIETS (12)	4 7 •	ы	7.00	•
	09/02/11 3,029. 3,0	29.	SL	5.00	0.
31	FF&E-PROJECTION SCREEN-CONF ROOM				
			SL	5.00	0.
32	FF&E-REFRIGERATOR/WATER COOLER-VOLUNTEE		CT	5.00	0.
33	09/01/11 2,047. 2,0 FF&E-REFRIGERATOR-STAFF KITCHEN	4/•	ъп	5.00	0.
33	09/01/11 1,453. 1,4	53.	SL	5.00	0.
34	FF&E-DONATED HP COMPUTERS (5)				
	06/01/12 5,195. 5,1	95.	SL	3.00	0.
35	FF&E-CAPITAL CAMPAIGN VIDEO	0.0	ат	2 00	0.
36	07/01/12 3,400. 3,4 FF&E-DONOR WALL	00.	SП	3.00	0.
50	07/01/12 11,888. 11,8	88.	SL	5.00	0.
37	FF&E-DONOR ROOM PLAQUES				
	12/01/12 1,877. 1,8	77.	SL	3.00	0.
38	FF&E-30 SECOND TV SPOT	EΛ	ат	2 00	0.
39	12/01/12 1,550. 1,5 FF&E-DONATED HP COMPUTERS (3)	50.	SП	3.00	0.
55		46.	SL	3.00	0.
40	FF&E-DONATED HP LAPTOP				
	06/01/13 829. 8	29.	SL	3.00	0.
41	FF&E-DONATED HP PRINTER 06/01/13 997. 9	0.7	CT.	2 00	0
42	FF&E-FREEZER ENLARGEMENT	97.	SП	3.00	0.
74		58.	SL	10.00	0.
43	FF&E-FREEZER ENLARGEMENT				
		59.	SL	10.00	0.
44	FF&E-AMANA RC27S/MICROWAVE	0.5	CT.	10 00	0
/I Q	06/01/03 2,685. 2,6 FF&E-WALK-IN COOLER ENLARGEMENT	85.	SL	10.00	0.
± 0		05.	SL	10.00	0.
49	FF&E-MOVE/INSTALL WALK-IN COOLER @HOME				
		26.	SL	5.00	0.
51	FF&E-AUTOMATIC FOOD SLICER	0.0	CT.	F 00	0
5.4	04/15/08 4,286. 4,2 FF&E-FREEZER	86.	рп	5.00	0.
J =		59.	SL	7.00	0.
55	FF&E-KITCHEN TABLES				
		84.	SL	7.00	0.
56	FF&E-VULCAN RANGES (2)	0.2	ΩŢ	10 00	0
	09/01/11 15,682. 15,6	σ⊿.	рП	10.00	0.

MAM	A'S KITCHEN						33-0434246
 57	FF&E-GAS KETTLE						
	09/01		13,353.	13,353.	SL	10.00	0.
59	FF&E-CLEAN DISH T			4 000	6.	T 00	0
60	09/01 FF&E-FLOOR TROUGH		4,889.	4,889.	SL	7.00	0.
00	09/01		1,767.	1,767.	SL	10.00	0.
61	FF&E-SPEC MASTER	TABLES	(24)	-			
C 0	09/01	/11	18,685.	18,685.	SL	7.00	0.
62	FF&E-PREP TABLE 09/01	/11	3,020.	3 020	QT.	7.00	0.
63	FF&E-AMANA MICROW		5,020.	5,020.	БЦ	7.00	•
	09/01		1,169.	1,169.	SL	10.00	0.
64	FF&E-REFRIGERATOR		21 404	21 404	6 7	10.00	^
65	09/01 FF&E-WALK-IN FREE		31,404.	31,404.	SL	10.00	0.
0.5	09/01		17,150.	17,150.	SL	10.00	0.
66	FF&E-WALK-IN COOL			-			
	09/01	/11	16,251.	16,251.	\mathtt{SL}	10.00	0.
67	FF&E-AIR CURTAINS	/11	1,908.	1 000	CT	10.00	0.
68	09/01 FF&E-HOODS/FIRE S		1,900.	1,300.	рп	10.00	0.
	09/01		32,957.	32,957.	SL	7.00	0.
69	FF&E-WALL CABINET						_
70	09/01		1,138.	1,138.	SL	5.00	0.
70	FF&E-SHELVING/POT 09/01		1,865.	1,865.	ST.	5.00	0.
71	FF&E-WIRE SHELVIN		1,003.	1,005	52	3.00	••
	11/28		2,338.	2,338.	SL	5.00	0.
72	FF&E-PANTRY REFRI				GT.	Г 00	0
73	03/19 FF&E-WORK TABLES	/ 1 2	3,868.	3,868.	SГ	5.00	0.
, 5	05/03	/12	2,169.	2,169.	SL	7.00	0.
74	FF&E-BLODGET DBL	OVEN					
7 0	08/12	/14	8,346.	8,171.	SL	8.00	175.
79	LAND 09/01	/11	176,700.		L		0.
80	FF&E - HOT BOXES	<i>,</i>	170,700.		П		•
	01/19		13,301.	13,301.	SL	5.00	0.
81	FF&E - ELECTRIC D		4 000	4 004		- 00	
0.0	06/03 FF&E - SURFACE PR		1,003.	1,001.	SL	7.00	0.
04	07/23		1,109.	1,108.	SL	2.00	0.
83	FF&E - TWO LAPTOP		_,,	_,		_,,,	
	11/09		1,556.	1,556.	\mathtt{SL}	2.00	0.
84	VEHICLE-2016 FORD				CT	5.00	0.
86	06/28 AUTOMATIC GATE	/ 10	39,735.	39,735.	ъп	5.00	0.
	09/06	/16	7,900.	7,900.	SL	5.00	0.
87	FRONT DOOR						
0.0	06/30	/17	7,494.	7,494.	SL	5.00	0.
٥٥	DELL SERVER 09/22	/16	1,000.	1,000.	SL	4.00	0.
89	STANDUP DESK	, = 0	1 ,000.	- ,000•	~ -		•
	02/13	/17	547.	547.	SL	1.00	0.

90	STANDUP DESK						
91	REACH IN FRI	03/31/17 DGE-FREEZER	2,981.	2,981.	SL	1.00	0.
		08/07/16	7,872.	6,659.	SL	7.00	1,125.
92	AUTOMATIC FO	OD SLICER 03/19/18	6,167.	5,343.	SL	5.00	824.
93	NUTRITION SO		1 071	1 071	СТ	1.00	0.
94	MACBOOK PRO	10/13/17 LAPTOP	1,071.	1,071.	ъп	1.00	0.
0.5	NUTRTION SOF	04/04/18	1,364.	1,364.	SL	2.00	0.
		05/31/18	1,285.	1,285.	SL	1.00	0.
97	KITCHEN ELEC	TRICAL 02/25/19	6,716.	3,863.	CT.	2.00	0.
98	FAUCETS-MENS		-	3,003.	ъп	2.00	0.
00	LOBBY SIGN	06/19/19	1,219.	1,219.	SL	2.00	0.
33		11/16/18	1,794.	1,794.	SL	2.00	0.
100	BLAST CHILLE	R 10/09/18	21,221.	10,179.	CT.	7.00	4,104.
101	PANS/EQUIP F	•	ILLER	-			
102	PANTRY REFRI	10/24/18	2,078.	2,078.	SL	2.00	0.
102		10/30/18	2,573.	1,674.	SL	5.00	899.
103	FOOD LABELER	12/19/18	1,094.	1,094.	CT.	2.00	0.
104	HOBART DISHW		-	-			
105	DELFIELD T14	03/01/19	38,839.	18,397.	SL	7.00	5,451.
103		03/01/19	19,795.	9,377.	SL	7.00	2,778.
106	ELKAY TABLES	(X4) MODEL 03/01/19	WT36S72 4,635.	2,152.	Сī	7.00	662.
107	BLAST CHILLE			2,132.	ъп	7.00	
1 / 2	DISHWASHING	03/01/19	2,779.	2,779.	SL	2.00	0.
		05/15/19	3,432.	3,432.	SL	2.00	0.
109	WASHER/DRYER	05/15/19	1,880.	1,880.	СT	2.00	0.
112	WORKSTATION		-	-	ъп	2.00	
112	ELEC & PLUMB	12/13/19 TNC DANG	1,441.	1,441.	SL	1.00	0.
113		06/22/20	7,142.	2,856.	SL	5.00	1,428.
114	2 DELL LAPTO	PS (RD) 12/04/19	1,789.	1,789.	СT	2.00	0.
115	2 DELL WORKS		1,709.	1,709.	ъп	2.00	0.
116	5 DELL WORKS	12/04/19	3,458.	3,458.	SL	2.00	0.
		02/15/20	5,297.	5,297.	SL	2.00	0.
117	WORKSTATION-	MKT 03/16/20	865.	865.	ST.	2.00	0.
118	WALK-IN COOL	ER (POLAR K	ING)				
119	PRIOR YEARS	01/01/20 DEPRECTATION		18,843. NTS	SL	15.00	7,798.
		12/01/19	1.		SL	5.00	0.

						
120	ELECTRICAL PERMITS & DRAW 07/28/20	VINGS-WALK 2,758.	IN 554.	SL	15.00	184.
121	INSTALL OF WALK IN 09/01/20	2,236.	474.		15.00	149.
122	ELECTRIC FOR PANTRY	-				
123	10/27/20 BUILDING IMPROVEMENTS	3,926.	436.	SL	15.00	262.
124	10/30/20 ELECTRICAL	16,668.	1,852.	SL	15.00	1,111.
	11/11/20 WATER HEATER	757.	84.	SL	15.00	50.
	06/29/21	12,774.	2,555.	SL	5.00	2,555.
126	STEEL WORK TABLES 09/23/20	4,385.	1,535.	SL	5.00	877.
128	DELL WORKSTATIONS 08/16/20	1,752.	1,606.	SL	2.00	146.
129	LENOVO LAPTOPS (2)	-	•			
130	10/24/20 LENOVO LAPTOPS (4)	2,145.	1,788.		2.00	357.
131	02/04/21 LENOVO LAPTOP	5,152.	3,649.	SL	2.00	1,503.
132	04/07/21 LENOVO LAPTOP	939.	587.	SL	2.00	352.
	05/22/21	1,122.	608.	SL	2.00	514.
	BLINDS 06/02/21	6,333.	1,373.	SL	5.00	4,960.
134	DELL COMPUTER 06/16/21	1,499.	750.	SL	2.00	749.
135	FAUCETS-WOMENS UPSTAIRS 09/21/21	1,266.	475.	ST	2.00	791.
136	COMPUTER-KITCHEN	-				
137	07/16/21 DELL TOUCHSCREEN LAPTOP	1,395.	639.		2.00	698.
138	08/03/21 DELL LAPTOP	1,507.	627.	SL	2.00	754.
139	08/24/21 LAPTOP-ALMA	1,163.	485.	SL	2.00	582.
	09/16/21	2,634.	988.	SL	2.00	1,317.
	TWO DESKTOP COMPUTERS 01/16/22	1,767.	368.	SL	2.00	884.
141	TWO LAPTOPS 02/16/22	3,129.	522.	SL	2.00	1,565.
142	FIREWALL 03/03/22	1,184.	148.	SL	2.00	592.
143	TWO DESKTOP STATIONS 03/24/22	3,356.	420.		2.00	1,678.
144	THREE CUBICLE WORKSTATION	NS W/CHAIRS	5			
145	04/07/22 DESKTOP COMPUTER-CAROLINA	6,511. A	543.		2.00	3,256.
146	05/16/22 STAFF REFRIGERATOR	1,078.	45.	SL	2.00	539.
	06/08/22 LAPTOP-ALBERTO	1,558.		SL	5.00	312.
T T /	06/21/22	2,674.		SL	2.00	1,337.

MAMA'S KITCHEN 33-0	0434246
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MAMA 5 KIICHEN				33	0434240
148 TWO LAPTOPS					
06/30/22	•	i	SL 2.00	1,444.	
150 NEW VISION GLASS DOO			gr 10 0	0 1 1 5 0	
07/01/22 151 ALOHA SOLAR PANELS	1,545.	i	SL 12.0	0 1,159.	
07/26/22	40,775.		SL 25.0	0 1,495.	
152 TOP FLOOR REMODEL	10,7730	'		2,1330	
02/28/23	85,307.	1	SL 30.00	948.	
153 BOD/CONFERENCE ROOM/					
04/29/23	10,663.		SL 10.00	178.	
154 REMODEL PERMITS & DO			00 0		
06/01/23	323,214.	i	SL 30.00	898.	
155 PARKING LOT PAVING	10 565		GT 20 0	n 0	
06/17/23 156 25 STEEL GAUGE SHELV	12,565.	i	SL 20.00	0.	
07/01/22	20,148.		SL 7.00	1,343.	
157 INDUSTRIAL FOOD PROC	•	'	7.00	1,5150	
09/08/22			SL 3.00	892.	
158 80 GALLON KETTLE	•				
02/01/23	51,136.		SL 10.0	0 2,131.	
159 WASHER & DRYER-KITCH					
04/05/23	1,864.	i	SL 5.00	93.	
160 LAPTOP-ALBERTO	0.650		a. 0 00	1 016	
07/01/22	2,652.	ì	SL 2.00	1,216.	
161 LAPTOPS-AH & NH 08/16/22	3,126.		SL 2.00	1,303.	
162 NEW SERVER	3,120.	1	2.00	1,303.	
11/30/22	12,155.		SL 5.00	1,418.	
163 NEW FIREWALL	,			_,	
11/30/22	1,863.	1	SL 2.00	543.	
164 2 DESKTOP COMPUTERS-					
01/16/23	3,598.	i	SL 2.00	900.	
165 NEW PC-JD	1 016		0.00	456	
04/16/23	1,246.	i	SL 2.00	156.	
166 NEW WINDOW SHADES	10,536.		SL 2.00	878.	
05/01/23 167 RD CUBICLE PEDESTALS			SL 2.00	0/0.	
05/03/23	3,179.		SL 3.00	177.	
168 2022 DODGE RAM PROMA	=	,	5.00	± / / •	
02/01/23	74,677.	i	SL 5.00	6,496.	
					
otal to Form 3885	3,778,494.	1561502.		143,513.	

CA 3885	Amortization	Sta	tement 12			
Asset No./ Description	Date in Service	Cost or Basis	Prior Amort	Code Sec	Life	Amor- tization
76 INTANGIBLES-MAMASE	KITCHEN.ORG					
	01/22/07	13,761.	13,761.	197	60M	0.
77 INTANGIBLES-MAMASE	PIES.ORG 12/01/10	10,000.	10,000.	197	60M	0.
78 LOAN FEES	12/01/10	10,000.	10,000.	1 <i>7 7</i>	OOM	0.
	02/28/11	13,530.	13,530.	461	120M	0.
85 INTANGIBLES-MAMASE	KITCHEN.ORG	REDESIGN	-			
	03/31/16	8,415.	8,415.	197	60 m	0.
110 IOS & ANDROID APP						
	08/03/18	2,216.	2,216.		24M	0.
111 MAMASPIES.ORG REDE	ESIGN					
	11/01/18	16,000.	11,733.		60M	3,200.
149 MAMASPIES.ORG REDE	ESIGN					
	11/30/21	30,600.	5,950.		36 M	10,200.
Total to Form 3885	•	94,522.	65,605.			13,400.

Date Accepted _____

California e-file Return Authorization for

FORM **8453-EO**

20		Exer	npt O	rganizat	ions							0433	-LO
Exempt Or	rganizat	ion name								Identi	fying number		
MAMA	's	KITCHEN								33	-0434	246	
Part I		ctronic Return In			only)								
	-	oss receipts (Form										7,385,	
2 To	tal gro	oss income (Form	199, line 8)							2	5,564	<u>, 493</u>
3 To	tal ex	penses and disbur	rsements (Form 199, line	9)						3	5,527	,858
Part II	Se	tle Your Account	Electron	ically for Taxal	ole Year 2022								
4	Ele	ctronic funds with	drawal	4a Amount		4b	Withdrawal	date (mi	m/dd/yy	ууу)			
Part III	Baı	nking Information	(Have yo	u verified the ex	kempt organization's	s banking inform	ation?)						
5 Rou	ıting r	umber								_			
6 Acc	ount	number				7 Type of	account:	L Ch	ecking		Saving	js –	
Part IV	De	claration of Office	er										
I authoriz		exempt organization'	s account t	o be settled as de	signated in Part II. If I	check Part II, box	4, I authorize	an electr	onic fun	ds w	ithdrawal fo	r the amoun	nt listed
transmitt California a balance organiza statemen delayed	ter, or a electi e due r tion wi nts be f	intermediate service onic return. To the b eturn, I understand t Il remain liable for th transmitted to the FT	provider an lest of my k lhat if the Fr e fee liabilit B by the ER	d the amounts in nowledge and be anchise Tax Boar y and all applicab O, transmitter, or	ove exempt organizati Part I above agree wit lief, the exempt organi d (FTB) does not recei le interest and penaltie intermediate service p diate service provide	h the amounts on zation's return is to the full and timely is. I authorize the corovider. If the protection the reason(s) for the reason(s)	the correspondence, correct, coayment of the exempt organices in gof the the delay.	nding line and comp ne exemp nization re ne exemp	es of the blete. If the torganiz turn and torgani	exen he ex ation I acco zatio	npt organiza empt organ o's fee liabili ompanying : n's return o	ation's 2022 ization is fili ty, the exem schedules ar	ng pt
Sign		Oi mark was at atting			Data	CHIEF	EXECU'	LTAE	OFF	TC	ER		
Here		Signature of officer			Date	Title							
Part V					(ERO) and Paid Pre								
am only accurate provided 1345, 20 the exem I declare	an inte ly refle the or 122 Ha npt org that I	rmediate service pro cts the data on the re ganization officer wit ndbook for Authorize anization return is fil have examined the al	vider, I und eturn.) I hav th a copy of ed e-file Pro ed, whichev bove exemp	lerstand that I am we obtained the or all forms and inf viders. I will keep wer is later, and I w ot organization's r	eturn and that the entri not responsible for re ganization officer's sig ormation that I will file form FTB 8453-EO or will make a copy availa return and accompany information of which I	viewing the exempenature on form FT with the FTB, and file for four year ole to the FTB upong schedules and	ot organization B 8453-E0 to I have follow s from the du n request. If	n's returr before tran ed all oth be date of I am also	n. I declansmitting er requirethe the returent the returenthe paid	re, he g this emer rn or prep	owever, that return to th nts describe four years parer, under	t form FTB 8 le FTB; I hav ld in FTB Pu from the dat penalties of	3453-EO re b. te perjury,
	ERO's					Date	Check if		Check		ERO's	PTIN	
ERO		ture					also paid preparer	X	if self- employe	ed [□ ₽ 01	204162	2
Must		name (or yours	LING	& BOUMA	N CPA'S, I	LP	ı			Firm		-45908	
Sign		employed) ddress			CANYON ROA	D, STE 1	.30				0.01	00 101	
				DIEGO, C								23-183	
					ove organization's retu aration based on all inf				atements	s, and	I to the best	of my know	/ledge
Paid		Paid				Date		Check		1	Paid prepare	er's PTIN	
Prepa	rer	preparer's signature						if self- employ	ed				
Must		Firm's name (or yours				I				Firm	's FEIN		
Sign		if self-employed) and address											

FTB 8453-EO 2022

ZIP code

DEPARTMENT OF JUSTICEPAGE 1 of 5

STATE OF CALIFORNIA RRF-1

(Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

		Check if:			
MAMA'S KITCHEN			ange of address ended report		
Name of Organization			·		
List all DBAs and names the organization uses or has used					
3960 HOME AVENUE Address (Number and Street)		State Charity Registration Number CT 079654			
SAN DIEGO, CA 92105 City or Town, State, and ZIP Code		Corporation	on or Organization No. 1570256		
619-233-6262 EVA@MAMASKITCHEN.ORG E-mail Address		Federal E	mployer ID No. 33-0434246		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice					
Total Revenue Fee Total Revenue			Total Revenue	Fee	 e
Less than \$50,000 \$25 Between \$250,001 and \$1 million		\$100	Between \$20,000,001 and \$100 million	\$80	
	00,001 and \$5 million 00,001 and \$20 million	\$200 \$400	Between \$100,000,001 and \$500 million Greater than \$500 million		,000 ,200
PART A - ACTIVITIES					
For your most recent full accounting period (beginning $07/01/2022$ ending $06/30/2023$) list:					
Total Revenue \$ 5,461,847 Noncash Contributions\$ 363,091 Total Assets\$ 12,488,015					
Total Revenue (including noncash contributions) \$ 5,461,847 Noncash Contributions \$ 363,091 Total Assets \$ 12,488,015					1 5
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT					
Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page					
providing an explanation and details for each "yes			-	Yes	No
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?					x
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?					х
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?					Х
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?					х
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 13					
6. During this reporting period, did the organization hold a raffle for charitable purposes?					
7. Does the organization conduct a vehicle donation program?					х
Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?				х	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?					х
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.					
, , , , , , , , , , , , , , , , , , , ,			HIEF EXECUTIVE		
EVA MATTHE Signature of Authorized Agent Printed Name	WS		DFFICER Date		
Signature of Authorized Agent Printed Name		In	ue Date		

MAMA'S KITCHEN 33-0434246

Information Regarding Governmental Funding Statement 13 CA RRF-1 Part B, Line 5

HOPWA

DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT 3989 RUFFIN RD. SAN DIEGO, CA 92123 858-694-8712

RYAN WHITE HIV, STD AND HEPATITIS BRANCH 3851 ROSECRANS ST., SUITE 207 SAN DIEGO, CA 92110 619-293-4721

CDBG

CITY OF EL CAJON HOUSING DIVISION

CITY OF ESCONDIDO HOUSING & NEIGHBORHOOD SERVICES

CITY OF VISTA HOUSING DIVISION