For calend	ar year 2022 or tax year beginning	and ending								
Name: Name line 2: Address: City, State, and Zip Code:	MARTIN LUTHER KING KITCHEN FOR 650 VANCE ST TOLEDO OH 43602	THE EIN: 34-1053690 Telephone No: 419-241-2596								
Email address										
Type of exempt organization: Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990) Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ) Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)										
Firm's name: ROI	NALD W COON SR CPA NALD W COON SR MPPA CPA 12 BROADWAY LEDO OH 43609	Time in this return: $ \begin{array}{c cccc} & 103 & \text{minutes} \\ \hline & Date: & 10/18/2023 \\ \hline & PTIN: & P00850776 \\ \hline & Self-employed: & X \\ \hline & Firm's EIN: & 34-1535170 \\ \hline & Phone: & 419-241-8240$								

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Α	For the	2022 cal	endar year, or tax year beginning , and endi	ng		
В	Check if	applicable:	C Name of organization MARTIN LUTHER KING KITCHEN FOR	D Employ	er identi	fication number
\square	Address	change	Doing business as			
\equiv		· ·	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	34-1053	8690	
Ш	Name ch	ange	650 VANCE ST	E Telepho		er
	Initial retu	urn	City or town State ZIP code			
$\overline{}$			TOLEDO OH 43602	419-241	2596	5
Щ	Final return	/terminated	Foreign country name Foreign province/state/county Foreign postal code	de		
x	Amended	d return		G Gross re	eceipts \$	724350.
_			E Name and address of principal efficient IIA DIVINA CANAN CE			
ш	Application	on pending		a) Is this a group return		
			650 VANCE ST TOLEDO OH 43602	b) Are all subordin	ates inclu	ided? Yes No
ı	Tax-exe	mpt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	If "No," attach a	list. See	instructions
_	Website	. MT.K		c) Group exemption	n numbo	r
				c) Group exemption		
		organizatio		formation: 197	0 M S	State of legal domicile: OH
F	Part I	Sui	mmary			
	1	Briefly d	escribe the organization's mission or most significant activities: FEEDII	NG THE INI	IGENT	Γ, REFERRING
ခ္မ		THE IN	NDIGENT TO OTHER OUTREACH PROGRAMS FOR ADDITIONAL	ASSISTANC	<u> </u>	
Governance			PROVIDES PROGRAMS FOR THE YOUTH TO KEEP THEM OFF T			
eri	١,	Check tl				
õ	2					
ঞ	3		of voting members of the governing body (Part VI, line 1a)		3	9
SS	4		of independent voting members of the governing body (Part VI, line 1b).		4	9
Ę	5		mber of individuals employed in calendar year 2022 (Part V, line 2a)		5	4
Activities &	6		mber of volunteers (estimate if necessary)		6	
ĕ	7a		related business revenue from Part VIII, column (C), line 12		7a	
	b	Net unre	elated business taxable income from Form 990-T, Part I, line 11		7b	
				Prior Year		Current Year
<u>o</u>	8	Contribu	ıtions and grants (Part VIII, line 1h)	57	0627.	724016.
Revenue	9	Program	n service revenue (Part VIII, line 2g)			
ě	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		590.	334.
2	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57	1217.	724350.
	13		and similar amounts paid (Part IX, column (A), lines 1–3)			
	14		paid to or for members (Part IX, column (A), line 4)			
w			other compensation, employee benefits (Part IX, column (A), lines 5–10).	15	2988.	244143.
Se	16a		onal fundraising fees (Part IX, column (A), line 11e)			211110.
e	b		ndraising expenses (Part IX, column (D), line 25) 7491.			
Expenses	17		expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27	2683.	461569.
	''					
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		5671.	705712.
	19	Revenu	e less expenses. Subtract line 18 from line 12	eginning of Curre	5546.	18638.
Net Assets or		T-4-1				End of Year
\sse	20		sets (Part X, line 16)		7380.	777857.
et/	21		bilities (Part X, line 26)		3974.	97144.
			ets or fund balances. Subtract line 21 from line 20	65.	3406.	680713.
	art II		nature Block			
			y, I declare that I have examined this return, including accompanying schedules and statements ect, and complete. Declaration of preparer (other than officer) is based on all information of which		•	•
anu	Deller, It	la true, com	sol, and complete. Decidiation of preparer (other trial officer) is based on all information of which	· · · · · · · · · · · · · · · · · · ·	18/20	•
Sig	gn	0:	ure of officer		10/20	723
He	re	"		Date		
				TIVE DIREC	TOR	
			Type or print name and title	Doto		DTIN
Pa	id	Prin	t/Type preparer's name Preparer's signature	Date	Check	X if PTIN
		RON	JALD W COON SR CPA	10/18/2023	self-emp	
	eparer		's name RONALD W COON SR MPPA CPA	Firm's EIN	34-1	L535170
US	e Only	y		509 Phone no.		-241-8240
		•	's address 1812 BROADWAY TOLEDO OH 436	Prione no.	ュエジー	Vec V Ne

Checklist of Required Schedules

Part IV

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions..... X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 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 9 Χ Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Χ **b** Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 11b Χ c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X **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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E........ Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 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 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Х

Par	t IV Checklist of Required Schedules (continued)		.,	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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	0.4=		3.7
h	24b through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		X
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception:	270		
_	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	200		
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27		Λ
	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		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
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? <i>If</i> "Yes,"			
22	complete Schedule N, Part II	32		Х
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
26	entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line</i> 2	35b		
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-00		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return .	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sch			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or co					
	a financial account in a foreign country (such as a bank account, securities account, or other fina			4a		Х
b	If "Yes," enter the name of the foreign country		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Acc	ounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	ar? .		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	ansac	tion?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did th	е			
	organization solicit 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 control	ibutio	ns or			
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly					
	and services provided to the payor?			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	ı it wa	IS	_		
	required to file Form 8282?	 I . .	 I	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	 	7-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben			7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of the organization received a contribution of qualified intellectual property, did the organization file Form 8			7g		
g h	If the organization received a contribution of qualified intellectual property, and the organization me i of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mair			711		
•	sponsoring organization have excess business holdings at any time during the year?			8		Х
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person			9b		Х
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				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which	'. 	I			
b	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sc</i>			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rer					
	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 invest	ment	income?	16		Х
. •			moonie:	10		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in a	anv ac	rtivities			
.,	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	arry at	MANINGS	17		Х
	·			.,		<u> </u>
	If "Yes," complete Form 6069.					

Form 990 (2022) MARTIN LUTHER KING KITCHEN FOR

Part VI

Governance, Management, and Disclosure For each

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

Sect	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	9			
	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	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w				
_	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 di		_		
	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 duri	ing			
_	the year by the following:		0.	37	
a	The governing body?		8a 8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		OD	Λ	
9	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal	•			21
OCCL	ion b. I ondies (This occitor b requests information about policies not required by the internal	Thevenue oc	<i>Juc.)</i>	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 chapt				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose		10b		
11a		-	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ī			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	[12a	Х	
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	Χ	
13	Did the organization have a written whistleblower policy?		13	Χ	
14	Did the organization have a written document retention and destruction policy?		14	Х	
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 contemporaneous				
а	The organization's CEO, Executive Director, or top management official		15a		X
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 taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		401-		
Caat	the organization's exempt status with respect to such arrangements?		16b		
	List the states with which a copy of this Form 900 is required to be filed				
17 18	List the states with which a copy of this Form 990 is required to be filed OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	QQQ-T (soction	501	(c)	
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	330-1 (SECIIOI	1 30 1	(0)	
	Own website Another's website X Upon request Other (explain or	n Schedule (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confl	•	olicy		
	and financial statements available to the public during the tax year.	o	Jiloy	,	
20	State the name, address, and telephone number of the person who possesses the organization's books	and records			
-	· · · · · · · · · · · · · · · · · · ·	19-241-259	6		
	650 VANCE ST TOLEDO OH 43602				

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 ar	ny related organi	izatio	n co	omp	ens	ated	any	current officer,	director, or trust	ee.
(A) Name and title	(B) Average hours	box,	unles er an	Pos neck ss pe	more rson	e than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JEFF SWEICH SECRETARY	4	Х		Х				0	0	0
(2) MARIO GOVEIA TREASURER	4	Х		Х				0	0	0
(3) JOHN SAVAGE MEMBER	1	Х						0	0	0
(4) TAYLOR SAVAGE VICED PRES	2	Х		Х				0	0	0
(5) JOHN CHAPMAN MEMBER	1	Х						0	0	0
(6) TYNEKA FORREST PRESIDENT	4	Х		Х				0	0	0
(7) ANGEL HURNS MEMBER	1	Х						0	0	0
(8) KATHI TAUB MEMBER	1	Х						0	0	0
(9) KATHLEEN BALDO MEMBER	1	Х						0	0	0
(10) HARVEY SAVAGE EXEC DIRECTOR	40				Х			42082.	0	0
(11)										
(12)										
(13)										
(14)										

P	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinued)
	(C)										
	(A)	(B)	(do n	ot ch		ition more	e than	one	(D)	(E)	(F)
	Name and title	Average	box,	unles	ss pe	erson	is bot	h an	Reportable	Reportable	Estimated amount
		hours per week					or/trus	_	compensation from the	compensation from related	of other compensation
		(list any hours for	ndivio	stitu	Officer	ey e	ighe mplo	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
		related	Individual or director	tion	-	Key employee	st cc	박	1099-NEC)	1099-NEC)	related organizations
		organizations below	Individual trustee or director	Institutional trustee		уее	mpe				
		dotted line)	ee	stee			Highest compensated employee				
							ed				
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Subtotal								42082.		
С	Total from continuation sheets to Part VII,	Section A									
d	Total (add lines 1b and 1c)								42082.		
2	Total number of individuals (including but not l		listed	abo	ove)) wh	o rec	eiv	ed more than \$1	00,000 of	
	reportable compensation from the organization	11									Yes No
3	Did the organization list any former officer, di	rector, trustee, k	ev er	mpla	ove	e. o	r hiah	nest	compensated		103 110
	employee on line 1a? If "Yes," complete Sche										3 X
4	For any individual listed on line 1a, is the sum										
	the organization and related organizations gre individual						•			such	4 37
_										dividual	4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? <i>If</i> "	•			•				•		5 X
Sec	ion B. Independent Contractors	,,					<u>p</u>				<u> </u>
1	Complete this table for your five highest comp										
	compensation from the organization. Report c	ompensation for	the o	cale	nda	ar ye	ear er	ndir	ng with or within	the organization	ı's tax year.
	(A) Name and business add	Iress							(B) Description of ser	vices C	(C) Compensation
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		nited 1	to th	nose	e list	ted a	bov	e) who received		

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or	note to any line	in this Part VIII.			🔲
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	10	Federated campaigns	1a					sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a							
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, C	_	Fundraising events	1c					
sift. ar/	d	Related organizations	1d					
s, G		Government grants (contributions)	1e	60000.				
Si	f	All other contributions, gifts, grants, and						
outi her		similar amounts not included above	1f	664016.				
ğ ţ	g	Noncash contributions included in						
Son		lines 1a–1f		\$ 376590.				
	h	Total. Add lines 1a–1f			724016.			
a)	_			Business Code				
jĊ	2a							
er	b							
n S en	C							
ran Rev	d							
Program Service Revenue	е							
P	f	All other program service revenue						
	g	Total. Add lines 2a–2f						
	3	Investment income (including dividends, in other similar amounts)			334.	334.		
	4	Income from investment of tax-exempt be			334.	334.		
	4 5	•						
	3	Royalties		(ii) Personal				
	6a	Gross rents 6a		(,				
	b	Less: rental expenses . 6b						
	C	Rental income or (loss) 6c						
	d	N. ()						
	7a	Gross amount from (i) Secu		(ii) Other				
		sales of assets		.,,				
		other than inventory 7a						
<u>e</u>	b	Less: cost or other basis						
enı		and sales expenses 7b						
Revenue	С	Gain or (loss)						
ř.		Net gain or (loss)						
Othe	8a	Gross income from fundraising						
Ò		events (not including \$						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising eve	nts .					
	9a	Gross income from gaming activities.						
		See Part IV, line 19	9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming activities	<u>s</u>					
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventor	ory .					
Sno	110			Business Code				
Miscellaneous Revenue	11a b							
llai	C							
Re	4	All other revenue						
Mis	u a	Total. Add lines 11a–11d						
	12	Total revenue See instructions	· · ·		724350.	334.		

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note	to any line in this F	Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	<u> </u>	·
	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,				
	trustees, and key employees	40500.		36000.	4500.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	193142.	193142.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1109.	1109.		
10	Payroll taxes	9392.	5565.	3402.	425.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	19353.	17653.	1700.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A), amount, list line 11g expenses on Schedule O.)	205	1.00		1.65
12	Advertising and promotion	325.	160.	01.70	165.
13	Office expenses	5425.	2713.	2170.	542.
14	Information technology				
15 16	Royalties				
17	Occupancy	16085.	12867.	1609.	1609.
18	Travel	16065.	12007.	1609.	1009.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3883.	3883.		
23	Insurance	3961.	3461.	400.	100.
24	Other expenses. Itemize expenses not covered	3,01.	3101.	100.	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	ALARM	8279.	7451.	828.	
b	CLIENT ASSISTANCE	328312.	328312.		
С	DUES	991.	546.	445.	
d	OUTSOURCING	36995.	36995.		
е	All other expenses	37960.	30689.	7121.	150.
25	Total functional expenses. Add lines 1 through 24e .	705712.	644546.	53675.	7491.
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)				

P	art X	Balance Sheet			1033030 Fage II
		Check if Schedule O contains a response or note to any line in this Part 2	X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	287206.	1	295496.
	2	Savings and temporary cash investments	265015.	2	285975.
	3	Pledges and grants receivable, net	18235.	3	19176.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	3128.	8	4090.
ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 205603.			
	b	Less: accumulated depreciation 10b 129483.	80004.	10c	76120.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	23792.	15	97000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	677380.	16	777857.
	17	Accounts payable and accrued expenses	224.	17	144.
	18	Grants payable		18	
	19	Deferred revenue	23750.	19	97000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	23974.	26	97144.
es.		Organizations that follow FASB ASC 958, check here X			
ũ		and complete lines 27, 28, 32, and 33.			
<u>ala</u>	27	Net assets without donor restrictions	388391.	27	305562.
B	28	Net assets with donor restrictions	265015.	28	375151.
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
Ō	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	653406.	32	680713.
z	33	Total liabilities and net assets/fund balances	677380.	33	777857.

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		724	350.
2	Total expenses (must equal Part IX, column (A), line 25)	2		705	712.
3	Revenue less expenses. Subtract line 2 from line 1	3		18	638.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		653	406.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		8	669.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
-	<u>colu</u> mn (B))	10		680	713.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:		_		
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	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 audit, review, or compilation of its financial statements and selection of an independent accountant? .		. 2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain o				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	he			
	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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	. 3b		

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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. Employer identification number

MAR	TIN LUTHER KING KIT	CHEN FOR	TH	ΗE			34-1053690		
Par	Reason for Public Char	ity Status. (A	All or	ganizations must co	mplete t	his part.)	See instructions.		
The c	organization is not a private founda								
1	A church, convention of churc	hes, or associa	ation	of churches described	in secti	on 170(b)	(1)(A)(i).		
2	A school described in section	170(b)(1)(A)(ii). (A	Attach Schedule E (For	rm 990).)				
3	A hospital or a cooperative ho			•		70(b)(1)(A	Miii).		
4	A medical research organizati	•	•					Entort	ha
•	hospital's name, city, and stat	e:		· 					
5	An organization operated for t section 170(b)(1)(A)(iv). (Con		colle	ge or university owned	d or opera	ated by a	governmental unit d	escribed	lin
6	A federal, state, or local gover	nment or gove	rnme	ental unit described in	section '	170(b)(1)((A)(v).		
7	X An organization that normally described in section 170(b)(1				rom a gov	/ernmenta	al unit or from the ge	eneral pu	ıblic
8	A community trust described i	n section 170	(b)(1)	(A)(vi). (Complete Pa	rt II.)				
9	An agricultural research organ	nization describ	ed in	section 170(b)(1)(A)	(ix) opera	ated in cor	njunction with a land	l-grant co	ollege
	or university or a non-land-gra								
10	An organization that normally receipts from activities related								
	support from gross investmen								ıs
	acquired by the organization a								
11	An organization organized and	d operated exc	lusive	ely to test for public sa	fety. See	section	509(a)(4).		
12	An organization organized and	•		•	•			ut the pu	ırposes
	of one or more publicly suppo								
	Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
	the supported organization				a majority	y of the di	rectors or trustees of	of the sup	porting
	organization. You must co	•			ماغانيين مرماني	:4		الدوما برما	
b	Type II. A supporting orgar control or management of t								
	organization(s). You must				ouno por	Jone that	oona or manago a	по очере	5110G
С	Type III functionally integ							tegrated	l with,
	its supported organization(
d	Type III non-functionally that is not functionally integral.								
	requirement (see instructio							allerilive	511622
е	Check this box if the organ							ype III	
	functionally integrated, or T						71 / 71 /	,,	
f	Enter the number of supported	•							
<u>g</u>	Provide the following information		uppor		<i>(</i> 2.3.1.4)		1434		
	(i) Name of supported organization	(ii) EIN		(iii) Type of organization (described on lines 1–10	. ,	organization ur governing	· · ·		Amount of support (see
				above (see instructions))	,	ment?	instructions)		ructions)
					Voc	N'-	+		
					Yes	No			
(A)									
/D)									
(B)									
(C)									
(0)						1			
(D)		1							
(-)									
(E)									
` '						1			
Total									

Page 2

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

• •	•		•	,, ,, ,, ,	` '\ '\	, , ,
(Complete on	ly if you checked the	e box on line 5, 7,	or 8 of Part I or if	the organiza	ation failed to qu	alify under
Part III. If the	organization fails to	qualify under the	tests listed below.	please com	plete Part III.)	

Sec	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	C44022	530109.	F 0 0 C 4 4	F71017	724250	2050152
•	include any "unusual grants.")	644833.	530109.	588644.	571217.	724350.	3059153.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3	644833.	530109.	588644.	571217.	724350.	3059153.
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						3059153.
	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 8	Amounts from line 4	644833.	530109.	588644.	571217.	724350.	3059153.
	similar sources	810.	1884.	3475.	590.	334.	7093.
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						3066246.
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First 5 years. If the Form 990 is for the org organization, check this box and stop here .			•	` '	` '	
	ction C. Computation of Public Su						00 55
	Public support percentage for 2022 (line 6, c					14	99.77%
15	Public support percentage from 2021 Sched					15	99.75%
16a	33 1/3% support test—2022. If the organization qualifies as				•		X
b	33 1/3% support test—2021. If the organization qualified box and stop here. The organization qualified			•			
17a	10%-facts-and-circumstances test—2022. 10% or more, and if the organization meets Part VI how the organization meets the facts organization	the facts-and-circ	umstances test, c s test. The organiz	heck this box and sation qualifies as a	stop here. Explain publicly supported	n in d	
b	10%-facts-and-circumstances test—2021. 15 is 10% or more, and if the organization in Part VI how the organization meets the factorganization	meets the facts-and cts-and-circumstand	d-circumstances to ces test. The organ	est, check this box nization qualifies as	and stop here . Es a publicly suppor	xplain ted	
18	Private foundation. If the organization did r instructions						

SCHEDULE D (Form 990)

Department of the Treasury

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 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number 34-1053690 MARTIN LUTHER KING KITCHEN FOR THE Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

b Assets included in Form 990, Part X.

Part	Organizations Maintaining Collection	ctions of Ar	t, Histor	rical Tre	asures, or	Other	Similar Asset	s (continued)
3	Using the organization's acquisition, access	ion, and othe	r records	, check ar	ny of the follo	wing th	hat make significa	ant use of its
	collection items (check all that apply):			1				
а	Public exhibition		d	Loan or	exchange pr	ogram		
b	Scholarly research		е	Other				
С	Preservation for future generations							
4	Provide a description of the organization's c XIII.	collections and	d explain	how they	further the or	rganiza	ation's exempt pu	rpose in Part
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes No
Part	Complete if the organization answe		n Form 9	990, Part	IV, line 9, c	or repo	orted an amoun	t on Form
	990, Part X, line 21. Is the organization an agent, trustee, custoo	lian ar athar i	otormo o dia	any for oor	atributiona or	othor .	acceta not	
	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XII	I and complet	te the foll	owing tab	ile:			^ mount
_	Beginning balance					10		Amount
c d	Additions during the year					10		
e	Distributions during the year					10		
f	Ending balance					1		
2a	Did the organization include an amount on I							Yes X No
b	If "Yes," explain the arrangement in Part XII						-	- =
Part		i. Officer fiere	ii tiic ex	piariation	nas been pro	vided	on all All	· · · <u> </u>
Part	Complete if the organization answer	rod "Voc" or	. Form (OO Dort	IV lino 10			
		Current year		or year	(c) Two years	hack	(d) Three years back	(e) Four years back
1a	Beginning of year balance	ourient year	(6) 1 11	or year	(c) Two years	back	(a) Timee years back	(c) i our years back
b	Contributions							
C	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur			(line 1g,	column (a)) h	eld as	:	
а	Board designated or quasi-endowment	0.00	<u>%</u>					
b	Permanent endowment 0.00	<u>_%</u> .						
С	Term endowment 0.00%		00/					
3a	The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the posse			ion that a	re held and a	dminic	stared for the	
Ja	organization by:	ession of the t	Jigariizat	ion mai a	ie lielu aliu a	ummi	stered for the	Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organization							3b
4	Describe in Part XIII the intended uses of th		-					
Part	VI Land, Buildings, and Equipment.	ı						_
	Complete if the organization answe		n Form 9	990, Part	IV, line 11a	ı. See	Form 990, Par	t X, line 10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost	or other basis other)	(c)	Accumulated depreciation	(d) Book value
1a	Land				5,000.			5,000.
b	Buildings				5,000.		21,667.	23,333.
С	Leasehold improvements				3,868.		58,521.	45,347.
d	Equipment			3:	1,995.		30,650.	1,345.
							3 O C 1 E	

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

76,120.

Part VII	Investments—Other Securities.		
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
(2) Closely	held equity interests		
(3) Other			
<u>(D)</u>			
<u>(E)</u>			
(H)	on (h) must acual Form 000 Part V and (D) line 12)		
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related.	Vaa" on Farm 000	Part IV line 11a Coe Form 000 Part V line 12
			Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Descri	ption	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	lumn (b) must equal Form 990, Part X, col. (B)	line 15)	
Part X	Other Liabilities.	iiile 10.)	
Fail A		Ves" on Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.	res on ronn 330,	raitiv, line the of thi. See Form 990, Fait A,
1.		ion of liability	(b) Book value
	Il income taxes	,	(4) 2 5 6 7 8 8 8
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B)	line 25.)	
	or uncertain tax positions. In Part XIII, provide the tex		
organization	's liability for uncertain tax positions under FASB AS	C 740. Check here if the	e text of the footnote has been provided in Part XIII.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

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

MARTIN LUTHER KING KITCHEN FOR THE

Employer identification number 34-1053690

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash c	(d) d of dete ontribution		
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	X	1000	221,155.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archaeological artifacts							
25	Other (WAGES)	X	1500		FMV OF	WAG	<u>ES</u>	
26	Other (EXENDITURES)	Х	<u> </u>	1,193.	FMV			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by							
	which the organization completed	Form 8283	3, Part V, Donee Acknowled	igement	29		.,	
	D : 0			(1: D (1: 1			Yes	No
30a	During the year, did the organizat							
	28, that it must hold for at least 3	-				20-		v
	to be used for exempt purposes for		e notating period?			30a		Х
	If "Yes," describe the arrangement		noliny that requires the	iou of any negation day.				
31	Does the organization have a gift					24		v
20-	contributions?					31		Х
₃∠a	Does the organization hire or use					20-		v
L	noncash contributions?					32a		Х
	If "Yes," describe in Part II.	amount in	column (a) for a time of and	morty for which column (-)	io			
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a)	15			

Schedule M (Fo	orm 990) 2022	MARTIN	LUTHER	KING	KITCHEN	FOR	THE		34-1053690 Page	2
Part II								I, lines 30b, 32b, an	d 33, and whether	
									per of items received,	
	or a comb	ination of bo	otn. Also co	impiete t	his part for a	ny add	itionai ir	normation.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection

Employer identification number

MARTIN LUTHER KING KITCHEN FOR THE	34-1053690
FORM 990 PART VI LINE 11B	
THE ORGANIZATION MAKES AVAILABLE A COPY OF TH	IE FORM 990 FOR
REVIEW BY THE GOVERNING BOARD BEFORE FILING	
FORM 990 PART VI LINE 12A	
ALL BOARD MEMBERS ARE REQUIRED TO IDENTIFY AN	IY CONFLICTS OF
INTEREST THAT INVOLVES THE ORGANIZATION AND T	THE MEMBER. THEY
ARE REQUIRED TO RECDUSE THEMSELVES FROM ANY E	BOARD ACTION
WHERE THE CONCLICT EXISTS	
FORM 990 PART VI LINE 19	
PUBLIC INSPECTION IS BY APPOINTMENT ONLY DURI	NG NORMAL
BUSINESS HOURS AND FEES FOR COPIES ARE CHARGE	ED AT A RATE
NOT TO EXCEED THE STATUTORY LIMITS	
FORM 990 PART I AMMENDED RETURN	
REASON FOR AMMENDMENT - IS DUE TO THE BETTER	BUSINESS BUREAU
REUIRING A DIFFERENT EXPNDITURE FORMAT FOR PR	RESENTATION.
THE TOTAL NUMBERS REMAIN THE SAME. CLASSIFICA	ATION IS DIFFERE
·	

EOFT 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning , 2022, and ending , 20

g______, 2022, and ending______, 20 _____ e IRS. Keep for your records. 2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN MARTIN LUTHER KING KITCHEN FOR THE 34-1053690 Name and title of officer or person subject to tax HARVEY SAVAGE EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here X **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here . . . **b Total tax** (Form 1120-POL, line 22). 3b 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part V, line 5). . 4b 5a Form 8868 check here **b Balance due** (Form 8868, line 3c) 6a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here 9a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here . . . 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of periury. I declare that I am an officer of the above entity or X I am a person subject to tax with respect to (name of entity) MARTIN LUTHER KING KITCHEN FO , (EIN) 34-1053690 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize BROADWAY TAX INC to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 05/03/2023 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 34602105170 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 07/29/2024 ERO's signature Date **ERO Must Retain This Form—See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

Name: MARTIN LUTHER KING KITCHEN FOR THE

ID: 34-1053690

Description: OTHER EXPENSES PROGRAM SERVOICES

	A
Type KITCHEN SUPPLIES	Amount
	3,608.
POSTAGE	722.
PRINTING	244.
REAL ESTATE TAXES	1,394.
REPAIRS & MAINTENANCE	1,394. 6,389. 3,550. 6,227.
STIPHENS	3,550.
UTILITIES	6,227.
TELEPHONE	2,916. 5,639.
WASTE DISPOSAL	5,639.
_	
Total	30,689.
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Name: MARTIN LUTHER KING KITCHEN FOR THE

ID: 34-1053690

Description:	DEPRECIATION

Type	Amount
BUILDING	800.
IMPROVEMENTS	800. 3,058. 25.
EQUIPMENT	25
	23.
	+
	_
	_
	_
	+
	-
	_
	_
Total	3,883.
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Name: MARTIN LUTHER KING KITCHEN FOR THE

ID: 34-1053690

Description: OTHER COSTS - MANAGEMENT

Туре	Amount
OSTAGE	550
EAL ESTATE TAXES	1.394
EPAIRS & MAINTENANCE	1,394 2,129 2,076
FILITIES	2,123
ELEPHONE	972
PUPPHONE	912
	+
Total	7,121

Name: MARTIN LUTHER KING KITCHEN FOR THE	ID : 34-1053690
Description: OTHER COSTS - FUNDRAISING	
Description. OTHER COSTS FORDINATION	
Туре	Amount
POSTAGE	150.