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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Ā	Fanal - M	044!-	ndon woon or tow woon b	oginning	01/01	2014	and anding	^4	30	. 20 14	
			ndar year, or tax year to Name of organization T		01/01		and ending	1 00		, 20 14 er identification n	umber
_	Check if ap			HE KIICH	EN COMMUNITY IN	<u> </u>			D Linploy.		u
_	Address ch	-	Doing business as		E Talanhar	27-5083595					
╝	Name chan	nge	Number and street (or P.	O. Dox if ma	ii is not delivered to str	eet address)	Room/surt	е	E Telephor		
_	Initial return	n	1980 8TH STREET				.J			720-295-5852	
	Final return/t	terminated	City or town, state or pro	vince, count	ry, and ZIP or foreign p	oostal code					
_	Amended n		BOULDER, CO, 80302						G Gross re		833,714
	Application	pending	F Name and address of pri	ncipal officer	: Merle Waterma	n				subordinates? 🔲 Yes	_
			1980 8th Street, Bould	er, CO 803	02			H(b) Are all	subordinates	s included? 🔲 Yes	: □ No
ļ	Tax-exemp	ot status:	✓ 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or	527	If "No," att	ach a list. (s	ee instructions)	
J	Website:	► THI	EKITCHENCOMMUNITY	.ORG				H(c) Group	exemption	number ►	
K	Form of org	janization:	✓ Corporation ☐ Trust	Associat	ion ☐ Other ►	L Ye	ear of formation	on: 2011	M State	of legal domicile:	CO
Р	art I	Summ	ary								
			escribe the organization	n's missi	on or most signific	ant activities	: The Kit	chen Comn	nunity's m	ission is to cre	ate
ø	1	•	nity through Food" by		_						
Governance			/			Y					
Ę	2 C	heck th	is box ▶☐ if the orga	nization o	iscontinued its or	perations or d	disposed o	f more than	1 25% of	its net assets.	++
Š	1		of voting members of						3		9
	1		of independent voting	-			l line 1h)				7
Activities &	1		nber of individuals em						5		<u> </u>
Ę					•	14 (Fait V, III)	 		6		
5			nber of volunteers (es						7a		
⋖	1		elated business rever								0
	b N	let unre	ated business taxable	ncome	rom Form 990-1,	ine 34		Prior Y	7b	Current Y	<u>U</u>
				100 P	11-1		<u> </u>			Outline 1	
Revenue			tions and grants (Part						3,577,233		833,681
	3	-	service revenue (Part				· · · -		0		
ٷ۪ٙ			ent income (Part VIII, c						272		33
Q			enue (Part-VIII-coture						9,809		0
<u></u>			enue-add lines 8 thro				line 12)		3,587,314		833,714
Z	13 G		nd similar amounts pa				上		0		0
M	14 B	Benefits	paid to offor membe	r\$ (Rant VX	ြင္ေပြးကြာကို (A), line မ	4)	L		0		0
Š	[″] ∣15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									718,025
	16a P	Profession	onal fundraising fees	RectuX, co	្សប៊្រីmn (A), line 11	e)	L		0		0
-8.	ьт	Total fun	draising expenses (P	irt IX , col t	ımn (D), line 25)	>3	342,568				
	17 C		penses (Part IX, colur						2,715,610		765,835
*	¹ 18 T	Total exp	enses. Add lines 13-	17 (must	equal Part IX, colu	ımn (A), line 2	25) . [3,689,328		1,483,860
20	19 F	Revenue	less expenses. Subtr	act line 1	8 from line 12 .		Г		-102,014		-650,146
			<u></u>		,.,			Beginning of C	- 11	End of Yo	
ats c	20 T	Total ass	sets (Part X, line 16)				[659,537		578,780
& B	21 T		pilities (Part X, line 26)				[461,667		1,031,056
Net Assets of	22 N		ets or fund balances.				[197,870		-452,276
	art II		ture Block								
			ıry, I declare that I have exa	mined this r	eturn, including accom	panving schedul	es and stater	nents, and to	the best of	my knowledge an	d belief, it is
tn.	ie, correct, a	and comp	lete Declaration of prepare	(other than	officer) is based on all	information of w	hich preparer	has any know	/ledge.	. ,	•
_		<u> </u>	M						5/15	115	
Sid	gn	Sign	nature of officer					D	ate /	/	
	ere		rle Waterman, CFO						' /		
		_	e or print name and title				 	.			
_		/	/pe preparer's name	-	Preparer's signature		Da	te	1.	PTIN	
Pa	aid		the broken at a trailing				-		Check self-em	□ # {	
Pr	eparer				L			T		,	
U	se Only								m's EIN ▶		
			address >	220000000	hour phous? (sa	o inota esticas	-1	Ph	one no.		o 🗆 No
			s this return with the			e instructions			· · ·	<u></u> Ye	_=
Fo	r Panerwo	ork Redu	iction Act Notice, see t	he separa	te instructions.		Cat. N	o. 11282Y		rom	990 (2014)

For Paperwork Reduction Act Notice, see the separate instructions.

eart,	
	Check if Schedule O contains a response or note to any line in this Part III
٠1	Briefly describe the organization's mission:
	The Kitchen Community's mission is to create "community through food" by creating Learning Gardens in high-need schools and
	community organizations. Learning Gardens serve schools as outdoor classrooms and experiential play-spaces that connect kids
	to real food and empower them to make healthler food choices. They are designed to be a place where students want to learn and
	teachers want to teach supporting a diverse array of lesson-plans and activities in STEM.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,015,104 including grants of \$ 137,500) (Revenue \$ 297,284)
40	
	The Kitchen Community was established in 2011. At June 30, 2014 there were 178 gardens installed. Learning Garden products
	have been designed and developed to formulate the core of each Learning Garden. Using those products we design the Learning
	Garden space and manage construction, both site prep and installation for each school site in conjunction with the associated
	District. We provide an education support program for the gardens including on-site assistance, workshops, newsletter, and online
	resources to ensure the gardens are being used for teaching and learning. Through surveys and an evaluation process we
	determine our impact and success of the Learning Gardens and set high-priority school targets.
	4.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$) (nevertee \$)

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

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ▶ 1,015,104
	En. QQD (2014)

Form **990** (2014)

Part I	V Checklist of Required Schedules			
			Yes	No
٠1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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		v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	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		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		•
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	13	<u> </u>	1
14 a		14a	ļ	~
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		
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.	15		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	,	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		-
20.5	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	1
	The same state of the same sta	20b	+	<u>L.</u>

Part	Checklist of Required Schedules (continued)			
•			Yes	No
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		~
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		>
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		~
248	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		,
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
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		~
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		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		-
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and			1

14b

	0 (2014)		F	Page 5
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •		
·			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a		1c		
20				
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 0 lf at least one is reported on line 2a, did the organization file all required federal employment tax returns?.			'
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		ل ـ ـ ـ ا
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Ť
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		•
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱ ۵۰		
_	gifts were not tax deductible?	6b		ļ,
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		المال
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		· -
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
	sponsoring organization have excess business holdings at any time during the year?	8	 	
9	Sponsoring organizations maintaining donor advised funds.		-	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a_	 -	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12		l	l
a		}		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:	1	l	1
''	Gross income from members or shareholders			ŀ
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
-	against amounts due or received from them.)	}	}]
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		_	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	1		[
C	Enter the amount of reserves on hand	<u> </u>	<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	1

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Secti	on A. Governing Body and Management			· <u></u>
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	9	Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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	v	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	V	V V
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		~
8 a b	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	8a 8b	v v	
9 Secti	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ode	<u></u>
Secu	on B. Folicies (This Section B requests information about policies not required by the internal never	nue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	 	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	١.	- "
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		╁─
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			ļ
13	Did the organization have a written whistleblower policy?	13	~	1
14 15	Did the organization have a written document retention and destruction policy?	14		~
а	The organization's CEO, Executive Director, or top management official	15a	1	1
b	Other officers or key employees of the organization	15b	~	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ CO			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Secti available for public inspection. Indicate how you made these available. Check all that apply.	on 501	(c)(3):	s only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	nterest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and MERLE WATERMAN, (720)295-5852	ecords	:: ▶	

Form 990 (2014)	orm	990	(2014)
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		-9
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	, and
•	Independent Contractors	

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz					C)					
(A)	(B)	/do n	not ch		ition	than c	nna	(D)	(E)	(F)
Name and Title	Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)				is both or/trust	an tee)	Reportable	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DON DEGNAN	1					ļ				
DIRECTOR		~	├	 				0	0	
ANTONIO GRACIAS	1		1						1	_
DIRECTOR			├	 —	⊢	 		0	0	
JAMIE STAR	1	,	l			İ				
DIRECTOR		-	⊢		├	 	⊢	0	0	
DARELL HAMMOND	1	,			Ì	ļ		0	0	,
DIRECTOR	40	-	┢	\vdash	├		⊢	{ ~	· · · · · · · · ·	
KIMBAL MUSK	40	1		1			l			
ED/CHAIRMAN		-	\vdash	 	\vdash		╀─	0	0	
HUGO MATHESON	11	-		ļ	}	ļ	ļ	o	0	
DIRECTOR		-	\vdash	├	╁	-	-	 	 	
MICHAEL TANG	1	<u>ر</u> ا	İ			}		0	0	
DIRECTOR	5	۲	-	┢	├-		┢	 		
MERLE WATERMAN		ł	1	1	}	l	1	0		
CFO TRANSPORTED TO THE PROPERTY OF THE PROPERT	40		\vdash	۳	├	_	┢┈		<u>_</u>	<u></u>
TRAVIS ROBINSON	40	ł			1			0		
SECRETARY		 	╁	-	-	 	╁	ļ		·
		1		l	ĺ	ĺ		į	Í	
		 	╁	-	\vdash		╁		 	
		1			1		ı	1		
		 	┼	╁╌	\vdash	 	╁	} -	 	
		1							1	
		\vdash	\vdash	\vdash	+	 	\vdash	 	 	
		1								
		 	+		+	-	╁╌	 	 	
***************************************		ł	1	1	1	1	1	ĺ		

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (con	tinued)		
•	(A) Name and title	(B) Average hours per	(do n box, office	ot ch	Pos neck ss pe	c) ition more rson	than out	one i an	(D) Reportable compensation	(E) Reportable compensation from		Esti	(F) mated ount of	
		week (list any hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC		compo froi orgar	m the nization related	n I
			<u> </u>	\vdash				-			+			
				_							+			
				<u> </u>						<u>. </u>				
											1			
			[]	-	ļ	-					-			
			<u> </u>					_			1			
													<u></u>	
		 												
1b	Sub-total			<u> </u>	•	<u>.</u>	•	>	0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						▶	0	<u> </u>	0			0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited	to th			ted	above	e) w	ho received m	ore than \$100,	000 of	:		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compensa	ted	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	nper	nsatio	n a s,"	nd other comp complete Sch	pensation from nedule J for s	the uch	4		
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individ	dual	5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	iress							(B) Description of s	ervices	Co	(C) mpens	ation	
									 ,					
											· · ·			
2	Total number of independent contractor received more than \$100,000 of compen							tr		ove) who				
	received more man \$100,000 or compen	Saudii IIUIII	4190	-ya	ıızd		_		0	1		Enn	00/	2 0014

	90 (201 VIII		-						Page
•		Check if Schedule O cont	ains a	res	ponse or note to	any line in this	Part VIII		🖂
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(0) Revenue excluded from tax under sections 512-514
五	1a	Federated campaigns	· · · L	1a	0				
8	b	Membership dues	· . [1b	0			ļ	
₹	C	Fundraising events	· . [1c	128,980			į	
Contributions, Gifts, Grants and Other Similar Amounts	đ	Related organizations	. [1d	0				
ĒΙ	е	Government grants (contribution		1e	0			1	
2	f	All other contributions, gifts, gr							
Ĕ		and similar amounts not included a	ibove	1f	704,701				
١ۊ	g	Noncash contributions included in li			0				
ğ	<u> </u>	Total. Add lines 1a-1f		<u>.</u>		833,681			
0					Business Code				
	2a								
	Ь								
1	C				· - ·				
1	đ								
-	е								
١,	f	All other program service re			L				
+	_ <u>~</u>	Total. Add lines 2a-2f				0		· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (inclu- and other similar amounts)							
ļ		•			ļ.	33	0	0	33
	4 5	Income from investment of tax	•		' . t	0	0	0	0
١	5	Royalties	(i) Real	•	(ii) Personal	U		U	0
- 1	6a	Gross rents			(4) 1 5 15 1 1 1				
ł	b	Less: rental expenses							
	C	Rental income or (loss)		0	0				
- [ď	Net rental income or (loss)							· -
1	7a		Secunties	<u>.</u>	(ii) Other				
١		assets other than inventory				Ì			
	b	Less: cost or other basis							
		and sales expenses .			1				
1	C	Gain or (loss)		0	0	ļ			
l	d	Net gain or (loss)		•	, . ▶				
	8a	Gross income from fundrai	isina						
onici percilio	-		128,980						
·		of contributions reported on			j				
		See Part IV, line 18	-						
- [b	Less: direct expenses		b					
		Net income or (loss) from f		ing	events . >				
		Gross income from gaming							
- 1		See Part IV line 10		_	1 1		l	ŀ	l

8	_					
Ž	C					
တိ	đ					
	е					
Program Service	f	All other program service revenue .				
ğ	g	Total. Add lines 2a–2f	0		· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including dividends, interest,				
		and other similar amounts)	33	0	o	33
	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	0
	_	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties	0	0	0	0
	_		-			
	6a	Gross rents				
	b	Less: rental expenses	ļ			1
	С	Rental income or (loss) 0 0		!		
•	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				
	_	and sales expenses .				i
			·			'
	C					1
	d	Net gain or (loss)				
•	_					
5	8a	Gross income from fundraising				
Š		events (not including \$ 128,980				
æ	}	of contributions reported on line 1c).			1	
ē		See Part IV, line 18 a			į	1
Other Revenue	ь	Less: direct expenses b				
•	С	Net income or (loss) from fundraising events . ▶				
	9a					
		See Part IV, line 19 a				
	ь	Less: direct expenses b			ł	
	C	Net income or (loss) from gaming activities ▶			ţ	
	10a					
	IVa					
	١.	~ 			İ	
	b	Less: cost of goods sold b			ł	
	<u></u>					· · · · · · · · · · · · · · · · · · ·
	<u> </u>	Miscellaneous Revenue Business Code			ļ	
	11a				ļ	
	b					
	C					
	d	All other revenue			<u></u>	
	e	Total. Add lines 11a-11d	0			
	12	Total revenue. See instructions	833,714	0	0	33
	<u> </u>			<u> </u>	<u> </u>	Enm QQA (2014)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com			s must complete colu	ımn (A).
•	Check if Schedule O contains a respon-	se or note to any lir			<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	71,087	0 55,190	0	15,897
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7		539,426	399,493	7,500	
8	Other salaries and wages	939,420	399,493	7,300	132,433
9	Other employee benefits	55,522	43,419	1,546	10,557
10	Payroll taxes	51,990	39,914	670	11,406
11	Fees for services (non-employees):				
а	Management	o			
b	Legal	1,094	119	975	
С	Accounting	18,631		18,631	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)	55,866	16,770	525	38,571
12	Advertising and promotion	40,043	526	5	39,512
13	Office expenses	12,666	1,670	9,085	1,911
14	Information technology	11,663	3,361	7,059	1,243
15	Royalties	(1,)000			
16	Occupancy	81,840	63,232	985	17,623
17	Travel	76,181	37,603	3,036	35,542
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	70,101	01,000	0,000	00,012
19	Conferences, conventions, and meetings	2,776	1,089		1,687
20	Interest	2,502	.,530	2,502	.,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	20,879	13,560	1,618	5,701
23	Insurance	4,066		4,066	······································
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	LEASED EMPLOYEES	48,452	0.	48,452	0
b	VACATION ACCRUAL	27,032	20,974	288	5,770
C	Payroli Processing Fees	16,252	13,312	211	2,729
d	MATERIAL COSTS	204,317	204,317	0	2,120
e	All other expenses	141,575		19,034	21,986
25	Total functional expenses. Add lines 1 through 24e	1,483,860	1,015,104	126,188	342,568
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 following SOP 98-2 (ASC 958-720)	1,450,000	1,010,100	120,100	572,000

Part X Balance Sheet

	<u>'</u>	Check if Schedule O contains a response or note to any line in this Par	tX		
•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	178	1	0
	2	Savings and temporary cash investments	349,030	2	259,420
	3	Pledges and grants receivable, net	-	3	
	4	Accounts receivable, net	10,900	4	24,663
	5	Loans and other receivables from current and former officers, directors,			1
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			1
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
छ		organizations (see instructions). Complete Part II of Schedule L		6	· —- — —
Assets	7	Notes and loans receivable, net		7	497
As	8	Inventories for sale or use	118,920	8	106,541
	9	Prepaid expenses and deferred charges	47,250	9	47,503
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 231,822			
	b	Less: accumulated depreciation 10b 91,666	133,259	10c	140,156
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	578,780
	17	Accounts payable and accrued expenses	69,596		308,762
	18	Grants payable	.,	18	
	19	Deferred revenue	392,071	19	695,262
	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 current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		[[
		of Schedule D		25	27,032
	26	Total liabilities. Add lines 17 through 25	461,667	-	1,031,056
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and	401,007	20	1,031,030
ŝ		complete lines 27 through 29, and lines 33 and 34.		 	
ĕ	27	Unrestricted net assets	-194,201	27	-1,147,538
ala	28	Temporarily restricted net assets	392,071		695,262
8	29	Permanently restricted net assets	092,071		033,202
Š	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
or Fund Balances		complete lines 30 through 34.			Ì
0	30	Capital stock or trust principal, or current funds		30	نـــــــــــــــــــــــــــــــــــــ
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets	33	Total net assets or fund balances	197,870	33	-452,276
_	34	Total liabilities and net assets/fund balances	659,537	_	578,780
					000

Form 95	00 (201 4)			Pa	ge 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
. 1	Check if Schedule O contains a response or note to any line in this Part XI	1	• • •		
2	Total revenue (must equal Part VIII, column (A), line 12)	2			3,714
_	Total expenses (must equal Part IX, column (A), line 25)	3			3,860
3	Revenue less expenses. Subtract line 2 from line 1	4			0,146
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			197	<u>7,870</u>
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		<u>-45</u> 2	2,276
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			
	Schedule O.				i
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were compi				
	reviewed on a separate basis, consolidated basis, or both:		-		1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь			2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	don a	1		_
	separate basis, consolidated basis, or both:	_ • •			
	Separate basis Consolidated basis Both consolidated and separate basis				Ì
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ereiaht			

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

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 in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

2c

За

3b

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Fan Danisand, Dadisation & as blades and the feature for

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

	KITCHEN COMMUNITY INC					27-508		
Par							ns.	
The c	rganization is not a private founda A church, convention of church A school described in section	hes, or association	on of churches descri		•	•	_	
3 4								
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	operate	d by a government	al unit described in	
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp				the general public	
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	d to its exempt the ent income and lifter June 30, 197	functions—subject to unrelated business t 75. See section 509(a	certain daxable in (Con	exceptior ncome (le nplete Pa	ns, and (2) no more ess section 511 tax art III.)	than 331/3% of its	
10	An organization organized and	•	•	•				
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations do d that describes t	escribed in section 50 the type of supporting	09(a)(1) or organizat	section ion and c	509(a)(2). See secti complete lines 11e, 1	on 509(a)(3). Check 1f, and 11g.	
а	☐ Type I. A supporting organization(state organization.)	s) the power to re nplete Part IV, S	egularly appoint or ele- ections A and B.	ct a majo	rity of the	e directors or trustee	s of the supporting	
b	☐ Type II. A supporting organic control or management of the organization(s). You must certain the control of the control	e supporting org	anization vested in th					
С	☐ Type III functionally integrates its supported organization(s)						y integrated with,	
d	☐ Type III non-functionally in that is not functionally integred requirement (see instruction	ated. The organiz	zation generally must	satisfy a	distributi	on requirement and	ed organization(s) an attentiveness	
е	Check this box if the organize functionally integrated, or Ty						I, Type III	
f	Enter the number of supported	organizations .						
g								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	1						0	

C-4 No 4400EF

Part	II Support Schedule for Organiza	ations Descri	bed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(ví)
	(Complete only if you checked the						alify under
•	Part III. If the organization fails to	qualify unde	r the tests lis	sted below, p	lease comple	te Part III.)	<u> </u>
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		1,171,039	1,222,264	3,616,642	833,714	6,843,659
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf		0	0			
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		_	_			_
	•		0	0			0
4	Total. Add lines 1 through 3	0	1,171,039	1,222,264	3,616,642	833,714	6,843,659
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)						1,416,016
6	Public support. Subtract line 5 from line 4.		·				5,427,643
Secti	on B. Total Support			<u> </u>		 	3,,
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	0	1,171,039	1,222,264	3,616,642	833,714	6,843,659
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources		123	269	272	33	697
9	Net income from unrelated business						
	activities, whether or not the business		_	_	_	_	
46	is regularly carried on		0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets					·	
	(Explain in Part VI.)				_	اء	
44	Total support. Add lines 7 through 10		0	0	0	0	0 044 2E6
11 12	Gross receipts from related activities, etc	(see instruction	ns)	1	<u> </u>	12	6,844,356
13	First five years. If the Form 990 is for the				or fifth tax v		n 501(c)(3)
	organization, check this box and stop he						▶ ☑
Secti	on C. Computation of Public Suppor	rt Percentag	9				=
14	Public support percentage for 2014 (line	6, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2013 Scl	hedule A, Part	II, line 14 .			15	%
16a	331/3% support test - 2014. If the organi				d line 14 is 33¹	л3% or more, cl	heck this
	box and stop here. The organization qua	•		•			. ▶ □
b	331/3% support test—2013. If the organ check this box and stop here. The organ					15 is 331/3%	or more, . ► □
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me						
	Part VI how the organization meets the "I	facts-and-circu	ımstances" tes	st. The organiz	ation qualifies	as a publicly si	upported
	organization						∵ ▶ □
b	10%-facts-and-circumstances test – 2	013. If the oras	ınization did n	ot check a box	on line 13, 16	a, 16b, or 17a.	
_	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization m						
	supported organization						. ▶ 🗆
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

(Complete only if you checked the box on line 9 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.)

Secti	Section A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees								
_	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
_	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
e	•								
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	· · · · · · · · · · · · · · · · · · ·					<u> </u>		
74	received from disqualified persons .		}						
b	Amounts included on lines 2 and 3								
U	received from other than disqualified								
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year		!						
C	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
	line 6.)					<u> </u>			
	on B. Total Support				T .	· · · · · · · · · · · · · · · · · · ·			
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends,		}						
	payments received on securities loans, rents, royalties and income from similar sources.					:			
_	Unrelated business taxable income (less			· · · · · · · · · · · · · · · · · · ·					
Þ	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b				ļ				
11	Net income from unrelated business				<u> </u>				
••	activities not included in line 10b, whether	,							
	or not the business is regularly carned on								
12	Other income. Do not include gain or		<u> </u>						
	loss from the sale of capital assets		}						
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,			<u> </u>					
	and 12.)	L	<u> </u>	l <u></u>		<u>l</u>			
14	First five years. If the Form 990 is for the organization, check this box and stop he								
Sacti	on C. Computation of Public Suppor					• • • •			
15	Public support percentage for 2014 (line			3 column (fl)		15	%		
16	Public support percentage from 2013 Sci		-			16	%		
	on D. Computation of Investment In								
17	Investment income percentage for 2014			y line 13, colu	mn (f))	17	%		
18	Investment income percentage from 2013			-		18	%		
19a	331/3% support tests-2014. If the organ	ization did not	check the box	c on line 14, a	nd line 15 is m				
	17 is not more than 331/3%, check this box	=	-	•		-			
b	331/3% support tests—2013. If the organization								
	line 18 is not more than 331/3%, check this	_	-				_		
20	Private foundation. If the organization d	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions		

Supporting Organizations Part IV

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	Organ	izations
---------	--------	------------	-------	----------

ecti	on A. All Supporting Organizations					
1	Are all of the organization's supported organizations listed by name in the organization's governing	<u> </u>	Yes	No		
•	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).	2				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a				
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.	3b				
С	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.	3с	_			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a				
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.	4b				
С	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.	4c				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a				
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?	5b				
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.	6				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent					
8	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7				
	If "Yes," complete Part I of Schedule L (Form 990).	8	 	 -		
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 .	9a		-		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b				
С	Did a disqualified person (as defined in line 9(a)) 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.	9c				
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a				

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.)

Part	V Supporting Organizations (continued)			
•			Yes	No
41	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		_	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		1
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			Ì
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ا ـــا
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		1 `	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ł		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		[<i>'</i>
Secti	on D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the]	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- -	-	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		Ì	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3	L	<u> </u>
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	Ction	S):
a	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. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see the context of the cont	see in:	structi	ions)
С	The Organization supported a governmental entity. Beson be not at 17 how yet supported a government entity.			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	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		1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			.
	activities but for the organization's involvement.	2b	 	
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	+ -	
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	 	+
Ь	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	trust	t on Nov. 20, 1970. See e Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	T		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	lly-inte	egrated Type III suppor	ting organization (see

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
	on D - Distributions	Current Year						
. 1	Amounts paid to supported organizations to accomplish							
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted					
	organizations, in excess of income from activity	·		· · · · · · · · · · · · · · · · · · ·				
3		ooses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets	· ·						
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive					
	(provide details in Part VI). See instructions.							
9_	Distributable amount for 2014 from Section C, line 6	,						
10	Line 8 amount divided by Line 9 amount		nn .	an				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014:							
a_	,							
<u>b</u>								
c	 							
	From 2013		· · · · · · · · · · · · · · · · · · ·					
<u>e</u> f	Total of lines 3a through e							
<u> </u>	Applied to underdistributions of prior years							
<u>g</u> h	Applied to 2014 distributable amount							
''	Carryover from 2009 not applied (see instructions)	 						
 -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			, , , , , , , , , , , , , , , , , , , ,				
4	Distributions for 2014 from Section							
7	D, line 7:							
а	Applied to underdistributions of prior years							
b	Applied to 2014 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.			*****				
	Remaining underdistributions for years prior to 2014, if							
5	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).	j						
6	Remaining underdistributions for 2014. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2015. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а								
b								
С								
<u>d</u>	Excess from 2013			· . · · · · · · · · · · · · · · · · · ·				
е	Excess from 2014			,				

Schedule A (F	rm 990 or 990-EZ) 2014 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

+44	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public

► Attach to Form 990. Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** THE KITCHEN COMMUNITY INC 27-5083595 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

	Complete if the organization answered	Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) F	unds and other 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			
_	funds are the organization's property, subject to th			
6	Did the organization inform all grantees, donors, a			
	only for charitable purposes and not for the benef			· ·
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		· · · L Yes L No
Par		()/		
	Complete if the organization answered '	· · · · · · · · · · · · · · · · · · ·		
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recreat	<u> </u>		
	Protection of natural habitat	☐ Preservation of	a certified	historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization he	old a gualified concentration contribution	n in the for	m of a concentation
2	easement on the last day of the tax year.	eid a quaimed conservation contribution	n in the lon	Held at the End of the Tax Year
_			20	neid at the Elic of the Tax Tear
a b	Total number of conservation easements Total acreage restricted by conservation easement		. 2a	
C	Number of conservation easements on a certified h			-
d	Number of conservation easements included in	, ,		
•				
3	Number of conservation easements modified, trans			he organization during the
	tax year ▶	3 ,	-	3
4	Number of states where property subject to conse	rvation easement is located ►		
5	Does the organization have a written policy re-	garding the periodic monitoring, insp	ection, ha	indling of
	violations, and enforcement of the conservation ea	sements it holds?		· · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, ir	nspecting, and enforcing conservation	easements	during the year
	>			
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ments durir	ng the year
	▶ \$			
8	Does each conservation easement reported on line		section 170	
			• • •	· · · · · · · · Yes · · No
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text of	——————————————————————————————————————	ancial state	ments that describes the
	organization's accounting for conservation easeme		<u> </u>	
Part			Other Sin	niiar Assets.
	Complete if the organization answered			-ttt
1a	If the organization elected, as permitted under SF			
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f	•		
L	•			
D	If the organization elected, as permitted under S works of art, historical treasures, or other similar			
	public service, provide the following amounts relati		ucalion, Of	research in futurerance of
	(i) Revenue included in Form 990, Part VIII, line 1	-		▶ ¢
	ty nevenue included in Portil 990, Part VIII, line 1			\$

public servi	ce, provia	e tne	TOILO	wing an	nouni	s re	atı	ng 1	IO 1	ne	se i	ten	15:							
(i) Revenue	e included	in Fo	m 99	90, Parl	VIII,	line	1												ightharpoons	\$
(ii) Assets in	ncluded in	Form	n 990	, Part X																
																•••			-	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

а	Revenue included in Form 990, Part VIII, line 1									•	\$ 	
b	Assets included in Form 990, Part X		•				 			▶	\$ 	

Page	2
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Part								
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other recor	ds, check any of th	e follow	ing that are a s	significant	use	of its
а	☐ Public exhibition	d !	Loan or exchang	e progra	ams			
b	Scholarly research		Other					
С	Preservation for future generations							
4	Provide a description of the organization's XIII.	s collections and expla	in how they further	the orga	anization's exer	mpt purp	ose in	Part
5	During the year, did the organization solid assets to be sold to raise funds rather than						es 🗌] No
Part								
	Complete if the organization ans 990, Part X, line 21.	swered "Yes" to Forr					Form	1
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?					ot	es 🗀] No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table:	-	 			_
				<u> </u>		mount		
C	Beginning balance			1c				
d	Additions during the year			1d	- 			
е	Distributions during the year			1e				
f	Ending balance			1f		<u>. П.</u>		1 88 -
2a	Did the organization include an amount or If "Yes," explain the arrangement in Part X) NO
Part		in. Offeck fiere if the ex	Cpiariation nas been	provide	diritation .	 		<u>. </u>
	Complete if the organization ans	swered "Yes" to For	n 990. Part IV. line	10.				
			or year (c) Two year		(d) Three years bac	k (e) Fou	r years i	back
1a	Beginning of year balance							
b	Contributions			1				
C	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the co		e (line 1g, column (a	i)) held a	is:			
а	Board designated or quasi-endowment	%						
b		%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c sh	nould equal 100%.						
3a	Are there endowment funds not in the po	essession of the organi	zation that are held	and adr	ministered for t	he	[[]	
	organization by:					2-6)	Yes	NO
	(i) unrelated organizations					3a(i)	_	
_	(ii) related organizations		· · · · · · · · ·			3a(ii)	\vdash	
b	If "Yes" to 3a(ii), are the related organizati					3b	Ш	
4	Describe in Part XIII the intended uses of		ownent lunus.					
Part	VI Land, Buildings, and Equipme Complete if the organization and		m 990, Part IV, line	11a. S	See Form 990,	, Part X,	line 1	0.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) A	Accumulated	(d) Bo		
	Lond	(investment)	(other)		preciation			0
1a	Land	0		-	0			0
b	Buildings	0			22,525			2,494
C	Leasehold improvements	0	33,13.13		24,591			2,494 6,639
đ e	Equipment	0			44,550	<u></u>		0,039 1,023
	Add lines 1a through 1e. (Column (d) must				▶			0,156

Part VII	Investments - Other Securities.					
<u> </u>	Complete if the organization answer	ed "Yes" to For	n 990, Part I	V, line 11b.	See Form 99	90, Part X, line 12.
,	(a) Description of security or category (including name of security)		(b) Book val	นอ		d of valuation: -year market value
(1) Financial						
	neld equity interests					
(3) Other						
(~)						
(B)						
(C)						
(D) (E)						
(F)						
(G)						
(H)						
	b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII	Investments—Program Related.					• • • • • • • • • • • • • • • • • • • •
	Complete if the organization answer	ed "Yes" to For	m 990. Part I	V. line 11c.	See Form 99	0. Part X. line 13.
- · · · · · · · · · · · · · · · · · · ·	(a) Description of investment		(b) Book va		(c) Metho	d of valuation: -year market value
(1)						
(2)					···········	
(3)			10			
(4)						
(5)			<u> </u>			
(6)						
(7)	V					
(8)						
(9)	The state of Feet 200 Pert V and (D) less 401 Pe					·-··········
	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			<u></u>	 	
Part IX	Complete if the organization answer	ed "Ves" to For	m 990 Part I	V line 11d	See Form 90	00 Part Y line 15
		scription	11 330, Fait 1	v, iiile i iu.	. Gee i onii s	(b) Book value
(1)			V- 1	 :		\-,
(2)			•			
(3)						· · · · · · · · · · · · · · · · · · ·
(4)				•		
(5)						
(6)						
(7)						
(8)						
(9)			· · · · · · · · · · · · · · · · · · ·			······································
	mn (b) must equal Form 990, Part X, col. (l	B) line 15.)	· · · · ·	· · · ·	▶	
Part X	Other Liabilities. Complete if the organization answer	ed "Yes" to Fon	m 990, Part I	V, line 11e	or 11f. See F	orm 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value		 	 	
(1) Federal in		(b) BOOK Value				
			7 022			
(3)	1 Vacation		7,032			
(4)			$\overline{}$			
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25.) ▶		7,032			
	r uncertain tax positions. In Part XIII, provide t					
organization ⁶	s liability for uncertain tax positions under FIN	I 48 (ASC 740). Che	ck here if the t	ext of the foo	tnote has been ;	provided in Part XIII

Schedu	le D (Form 990) 2014			Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Retu	
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.		
• 1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	ヿ !	
C	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII.)	2d	7	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
b	Other (Describe in Part XIII.)	4b	7 :	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses p	er Re	turn.
	Complete if the organization answered "Yes" to Form 990, F			
<u> </u>			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	-	
C	Other losses	2c	╡	
d		2d	-	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	42		
b	Other (Describe in Part XIII.)		-	
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
	XIII Supplemental Information.			
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV lines 1b and 2	h: Part	V line 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
_,		,, ,		
				+

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

OMB No. 1545-0047

Employer identification number

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE K	ITCHEN COMMUNITY INC					27-	5083595
Part	Fundraising Activities Form 990-EZ filers are				vered "Yes" to F	orm 990, Part IV,	line 17.
1	Indicate whether the organizati				owing activities. C	heck all that apply.	
а	☐ Mail solicitations				ion of non-govern		
b	☐ Internet and email solicitation	ons	f		ion of government	•	
c	☐ Phone solicitations		g Ē		fundraising events		
ď	☐ In-person solicitations			op-o			
2a	Did the organization have a wr	itten or oral agre	ement with	anv individ	dual (including off	icers, directors, trus	tees
	or key employees listed in Form						
b	If "Yes," list the ten highest pai compensated at least \$5,000 b	d individuals or	entities (fun		•	_	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				•			
3	List all states in which the org registration or licensing.				solicit contribution	s or has been notifi	ed it is exempt from

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraisingross receipts greater tha	ng event contributions		-	•
•		gross rescipts greater tha	(a) Event #1 Glendale Opening (event type)	(b) Event #2 Rock the Edison (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	15,060	92,059	21,861	128,980
Œ	2 3	Less: Contributions Gross income (line 1 minus	0	0	0	0
		line 2)	15,060	92,059		128,980
	5	Cash prizes	0	0	0	0
ses	6	Rent/facility costs	0	0	0	0
Direct Expenses	7	Food and beverages	0	0	0	0
Direct	8	Entertainment	0	0	0	0
	9	Other direct expenses .	845	20,825	16,530	38,200
Pa	10 11 rt Ili	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)		38,200 90,780 reported more
		than \$15,000 on Form 9				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
Expenses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	- N	57.24		
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	Id lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from l	ine 1, column (d)	<u> ▶</u>	
(a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	•	s in each of these states		🗌 Yes 🗌 No
10		ere any of the organization's g	gaming licenses revoked		ated during the tax year	? . 🗌 Yes 🗌 No

scneau	Page 3
11 12	.Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives garning revenue?
b b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
	Name ▶
	Address ▶
16	Gaming manager information:
	Name >
	Gaming manager compensation ► \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Employer identification number

Name of the organization	Employer identification number						
THE KITCHEN COMMUNITY INC	27-5083595						
Form 990, Part VI, Section A, Line 2 - KIMBAL MUSK, HUGO MATHESON AND MERLE WATERMAN HAVE A BUSINESS							
RELATIONSHIP IN A FOR PROFIT PARTNERSHIP, THE KITCHEN CAFE EIN 20-0434253.							
Form 990, Part VI, Section A, Line 4 - The Kitchen Community amended its Bylaws in June 2014 to Inc	rease the permissible number of						
board members to 10.							
Form 990, Part VI, Section B, Line 11b - THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE F	ORM 990 PRIOR TO FILING.						
Form 990, Part VI, Section B, Line 12c - THE BOARD OF DIRECTORS REVIEWS CONFLICT OF INTERE	ST POLICY AT BOARD						
MEETINGS.							
Farm 000 Back III Cardia B. Handf. The bound evaluation are sufficient and annual all							
Form 990, Part VI, Section B, Line 15 - The board evaluates executive compensation and approves all							
arrangement in advance. The participating members of the board are all individuals who do not have the compensation arrangement. The board obtains and relies upon appropriate comparability data pro-							
compensation consultant for purposes of determining that the total compensation arrangement is rea							
documents the basis for its determination concurrently with making its determination.	isonable. The board adequately						
avenuente ne pare le la decemmaten veneral duri maning le determination.							
Form 990, Part VI, Section C, Line 19 - GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATE	MENTS WILL BE AVAILABLE						
UPON REQUEST.							
•••••••••••••••••••••••••••••••••••••••							

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